TO HOSPITAL OR ATTENDING PHY

VS A15 (4) 15M 9/\$5

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1988 CERTIFICATE OF DEATH

01952 Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Trederick  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a o. STATE b. COUNTY Ender	idmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	lown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		S RESIDENCE ON A FARM? ES TO NO TO
	T. 2	
3. NAME OF DECEASED (Type or print) CARRIE LEE	ANGELL DEATH FLE. 18	1960
7		UNDER 24 HRS.
WIDOWED DIVORCED	May 26, 1884 75 va.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Les ere! Housework Employed	ISTRY 11. BRTHPLACE (State or foreign country) 12. CITIZEN OF W	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank Strine	Laura mentsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address	. /
740 215-20-9316 A	U. Frank (ingell, Walkersonle	L. nel
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:		AL BETWEEN
IMMEDIATE CAUSE (0) Jene La ligeo	Carcinomiconic Cer	noulu
153,0 DUE TO	'	77
Conditions, if ony, which gove rise to immediate (b) purches ances	romes of cecum	month
couse (a), stating the under-		
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
21. I certify that I attended the deceased from July		the decease
	h accurred at S. C. AM, from the causes and on the date	
Go a /) ()	ADDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE Court U. Nottbarn	M.D. Feb. 19	9,1960
PHYSICIAN'S ERNEST A. DETTBARN	Walhusville, mil.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	1104.
4. C. Barton, Walkersmille m	DATE FEB 2 3 60 CONSIGNAL STOCKET	4

#### MAKELAND STATE DEPARTMENT OF PRAITH—BALTIMORE;

HTA30 TO BY	2088 CERTIFICA
	Susavite 1

TO DEPUTY MEDICAL EXAMINE. This certificate should be executed within 24 hours after death.

on delay is necessary, please execute the certificate, writing the decision of "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the properties. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, premation, or remaval.

VS. A15ME(5) 5M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1989 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	(1	-16-	J	U	0	
0.0						

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fr					2. USUAL RES o. STATE	Virg		ed lived. If institution b. COUNT		nce before	odmission)
b. CITY OR TOWN III ond give neorest lown) Near Free	outside corporate limits, write lerick	RURAL	c. LENGTH OF STAY IN	16			outside corp	orote limits, write	RURAL and	give near	nst town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) U. S. Route 240				d. STREET A	DDRESS					IS RESIDENCE ON A FARM? ES NO C
3. NAME OF DECEASED (Type or print)	John		Middle Clinton		Ayers		4. DATE OF DEATH	Febur		Day	Year 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DEVER MARRIED DIVORCED		oct.8,	1931		9. AGE (In years lost birthday) 28 yrs.	Months 1	-	UNDER 24 HRS.
10a. USUAL OCCUPATIOn during most of working Unknown	N (Give kind of work of life, even if retired)	done 10b, K	IND OF BUSINESS OR IN	DUSTR	Va. BIRTHPL		or foreign o	ountry)		S.A	HAT COUNTRY?
13. FATHER'S NAME W. R. Aye	ers				14. MOTHER'S Unkn		AME (Col	.e)	135		
15. WAS DECEASED EVE	Alr force	service)	Unk		rom pa	pers	on d	Address dease			
PART I. DEAT	H (Enler only one could was CAUSED BY: MMEDIATE CAUSE (o) DUE TO		for (o), (b), ond (c).] rushed sku	11						INTERVAL ONSET AN Minu	ND DEATH
gave rise to immed (o), stating the u couse last.	nderlying DUE TO	DITIONS CO	NTRIBUTING TO DEATH B	UT NO	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PART		ERFORMED?
PART II. OTH  20g. EXTERNAL CAU PRIMARY DAG CON CAUSE OF DEATH.		Stru	East of Fr	an	erfek	driv	er or	route	240,	mile	
20c. TIME OF INJUR 8-30 p. m.	2/I/60 19	While	Not while 0	foctor	of Injury (Fy. street, office te 240	bldg., etc.		or town) Frederi	ck Fr		(Stote)
	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection _X, Inquiry _X, and find that death resulted from: Natural causes, Accident _X, Suicide, Hamicide, Undetermined cause										
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	BOTH B.D. Thoma	s.M.	0.		ASSISTAL	NT MEDICA	AMINER   AL EXAMINE  EXAMINER 6		60	D	ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	)F	22c. NAME OF CEMETERY	ORC	REMATORY		22d. LOCA Ewin	TION (City, town,	, ,		(State)
23. FUNERAL DIRECTOR:	signature hison & So	n, Fr	ADDRESS ederick, Mar	yla	nd	240. REC'S	BY REGIST	RAR 24b. REGI	ISTRAR'S SIG		

	ACTUAL DESCRIPTION OF THE PARTY
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	ACTURED DESCRIPTION OF THE PROPERTY OF THE PRO
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	THE RESERVE OF STREET
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THE THE RESIDENCE OF THE PARTY	The state of the s
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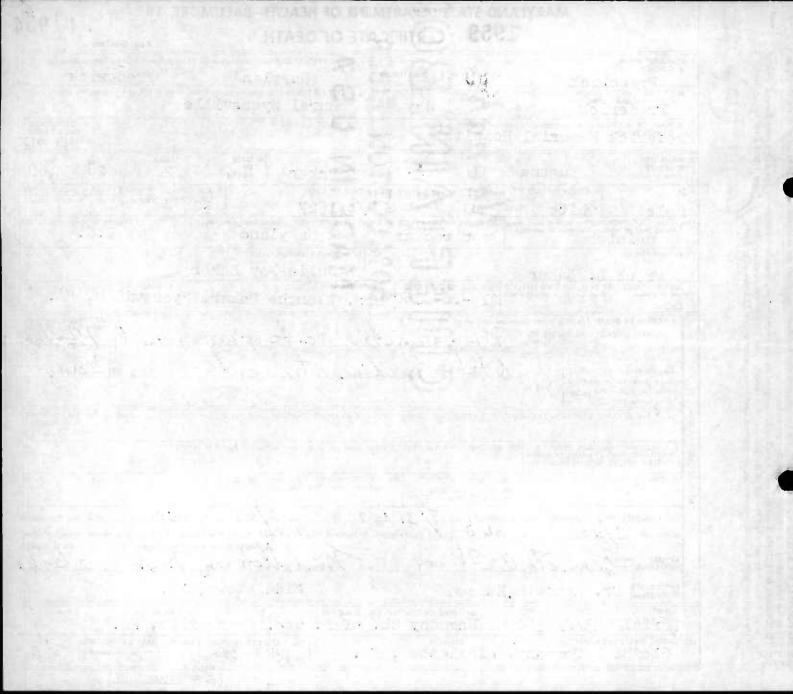
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01954

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		CPIZI				DEM	

Pag Dist No

							eg. Dist. 140.	
1. PLACE OF DEATH 6. COUNTY Frede	rick	MARYLA	O STATE	Mary.	ere deceased lived	CO. 111 121/	Residence before	
	If outside corporate limits, writegrest town)	c. LENGTH OF STAY IN lay		town (If or	utside corporate lir yersvil	nits, write RURA	AL and give near	rest town)
d. NAME OF HOSPI Frederick	TAL (If not in hospital, give street Memorial Ho	ospital	d. STREET	ADDRESS	March 1		6	ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Eugene	Middle H	Bal		4. DATE OF DEATH	Month 2	28	Year 19 <sup>60</sup>
s. sex male	white wind	ARRIED NEVER MARRIED  DIVORCED [	14/8/192	гн 27	9. AG		UNDER 1 YEAR	Hours Min.
paint	ON (Give kind of work done liking life, even if retired)	ob. KIND OF BUSINESS OR I	1	Maryl		517	U.S	what Country?
13. FATHER'S NAME			14. MOTHER'S			22		
	D. Baker	A CORPUS ASSESSMENT AND T		lla M	ay Bake			
	ER IN U. S. ARMED FORCES? (It yes, give war or dates of service)	16. SOCIAL SECURITY NO. 215-26-8150	Mrs. Bla	anche	Baker,	Myers		Md.
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	tuto me	dia, r	A,, O	acute	IDITION CIVEN	2.	days
CATIC	1811015						IN PART I(0)	PERFORMED?
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in F	Port I or Port II of	item 1B.)		
20c. TIME OF INJUI Hour o. m. p. m.	Wh		e. PLACE OF INJURY foctory, street, offic	(Home, farm te bldg., etc.	, 20f. (City or to	~n)	(County)	(Stote)
actual signature	Jenneth C.	1 -	eath occurred at	11:104	M, fram the components (Street, o	causes and lity or town, sto	an the date	the deceased stated abave.  DATE SIGNED 2/29/67
	r. Kenneth H	enson		Midd	lletown	Md.		
220. BURIAL, CREMATIC REMOVAL (Specify)	3/2/1960	22c. NAME OF CEMETE Harmony C		Cem.	Myers	City, town, or o		(Stote)
23. FUNERAL DIRECTOR Gladhi		Middletown,	Md.	24a. REC'I	BY REGISTRAR		AR'S SIGNATUR	



VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 1960

Reg. Dist. No. (11955

	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (When o. STATE	h COUNTY	r: Residence before odmission) Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick	c. LENGTH OF STAY IN 16		side corporote limits, write RU ck-Rural-R.F.D	
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION  Frederick Memorial Hospi		d. STREET ADDRESS	llow Springs	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)  First  LUTHE	Middle WAYNE	BARTGIS	OF DEATH Febr	ruary 3, 19 60
	5. SEX 6. COLOR OR RACE 7. MARI	The state of the s	B. DATE OF BIRTH		HONDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
1	10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or	aryland	12. CITIZEN OF WHAT COUNTRY?
	Melvin M.E. Bartgis		Georgian	na Green	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give war or dates of service)  No		· Carl H. Bart	Addre gis-Mt. Airy,	R.D.#1, Maryland
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the under.  DUE TO	ne for (a), (b), and (c).]	Colon		INTERVAL BETWEEN ONSET AND DEATH ONLY YEAR
	PART II. OTHER SIGNIFICANT CONDITIONS.  PART III. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition give	N IN PART I(a) 19. WAS AUTOPSY PERFORMED YES NO
		CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Pa	rt I ar Port II af item 1B.)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. I Hour o. m. 19 While p. m. 19	Nat while foo	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City Or town)	(County) (State)
,	21. I certify that I attended the decease alive an 19. ACTUAL SIGNATURE PHYSICIAN'S R.C. Reynolds, M.	Reynolds	accurred a 9:174 N	A, fram the causes and DDRESS (Street, city or town, s	hat I last saw the deceased an the date stated above.  DATE SIGNED  2/4/60
	220. BURIAL, CREMATION, 22b. DATE THEREOF Feb.8, 1960	22c. NAME OF CEMETERY OF Pleasant Hill		2d. LOCATION (City, town, or Frederick	
	23. FUNERAL DIRECTOR'S SIGNATURE  M. R. Etchison & Son, Fre	ADDRESS derick, Maryla	nd		TRAR'S SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01956

						Res	g. Dist. No.	
1. PLACE OF DEATH  o. COUNTY  Freder	ck	1961	MARYLAND		(Where decess yland	ed lived. If institution: R b. COUNTY	rede	
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL C.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porote limits, write RURAL	L and give ne	earest town)
Frederi			Unknown	X Fred	erick,	Route #	2	
d. NAME OF HOSPITA	Teddyffygn h	lemorial Lal	Hospirtal)	d. STREET ADDRESS	5			e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	James	18	Middle Charles	Bartlett	4. DATE OF DEATH	Month 2nd.	Doy 16	Year 1960
5. SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED	B. DATE OF BIRTH		Anna A.C. ch. A. A.		IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED	May 7th.	1920	39 yrs. Mont	hs Days	Hours Min.
during most of working	N (Give kind of work of life, even if retired)		OF BUSINESS OR INDUS			ountry) 12.		WHAT COUNTRYS
Huckster  13. FATHER'S NAME		NC	ne	Mary Land			U.S.A	
15. WAS DECEASED EVE [Yes, no. or unknown]  Unimown	(If yes, give war or dates of	220	0-03-0405	Minnie I MFORMANT The Famil		Address	I injura	VAL BETWEEN
	H [Enter only one cou H WAS CAUSED BY:	-					ONSET	AND DIATH
Conditions, if an agove rise to immed (a), stating the course lost.	inderlying DUE TO			mbosis				inutes
PART II. OTH  200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TEN	(MINAL DISEAS	E CONDITION GIVEN IN		PERFORMED?
200. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	SE WAS ITRIBUTING	b. DESCRIBE HO	OW INJURY OCCURRED. (	Enter noture of injury in t	Port I or Port II	of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	URY OCCURRED 20e. PLA Not while foc	CE OF INJURY (Home, for tory, street, office bldg., o	orm. 20f. (City	or town)	(County)	(Stote)
			ses []. Accident			nspection , Inc., Inc., Undetermine	quiry [2], ed manne	and in my
ACTUAL SIGNATURE	Books	me	rs	M.D. CHIEF MEDICAL	EXAMINER			DATE SIGNED
EXAMINER'S E	. 0. Thor	nas, M	. D.	ASSISTANT MEDICA		2//	7/20	
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREO		NAME OF CEMETERY OF			TION (City, town, or cour ederick. Mar		(Stote)
23. FUNERAL DIRECTOR		1	ADDRESS		C'D BY REGIST			E
Bakert C	Waile 9	F 1	Frederick, M	aryland DATE	EB 2 3 '6	O Tattun	8 three	a

VS. A15ME 5M 2/57

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or removal.

VS. A15ME(5) 5M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1990MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01957

Reg. Dist. No.

		COUNTY	done	.1	MARYLAND	2. USUAL RESIDENCE	(Where deceased live	d. If institution: Resi b. COUNTY #	dence before ad	missian)
		city or town (If and give nearest town)	. 00	Is, write RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN,	If autside carporate I	imits, write RURAL o	nd give nearest (	lown)
	d	I. NAME OF HOSPIT	AL OR INSTITUTION	ON (If nat in ho	spital, give street address)	d. STREET ADDRESS			01	RESIDENCE N A FARM?
	.[	NAME OF DECEASED Type or print)	Car	First	may	Boyer	4. DATE OF DEATH	Month el-	Doy 10	Year 1960
	5. \$	+	6. COLOR OR E	WIDOWE	D DIVORCED	may 7, 19	48 9. AG	E (In years pirthday) IF UNDE Months	Days Hours	DER 24 HRS. Min.
	10a.	luring most af warkin	ON (Give kind of glife, even if ret	work done 10b. ired)	KIND OF BUSINESS OR INDUST	Frs.Les	te or foreign country)	12. CI	LISI R	T COUNTRY?
1	13.	FATHER'S NAME	em	alle	rton	14. MOTHER'S MAIDEN	Elizabet	h Bes	esy	
1		WAS DECEASED EVI	R IN U. S. ARME (If yes, give war or d		SOCIAL SECURITY NO. 17. IN	Cliam all	eston	Address Middles	town &	187
9			H (Enter only or H WAS CAUSED IMMEDIATE CAU	BY:	Brancho	fneun	roma		INTERVAL BETY ONSET AND D	WEEN BEATH
1		49/X Canditians, if a gave rise to immed (a), stating the	DU ny, which	E TO (b)						
2	ATION	PART II. OTH	ER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PA	RT I(a) 19. WAS PERF YES	AUTOPSY ORMED?
	CERTIFICATION	20g. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	SE WAS STRIBUTING	20b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injury in P	ort I ar Port II af item	18.)		
	MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	Y Month, Do	Whil		E OF INJURY (Home, fa try, street, office bldg., e	rm, 20f. (City or tow	n) (C	ounty)	(Stale)
					remains described aba A. Accident , Suice	ve, held an Autop cide [], Hamicio		tian 🔼 , Inqu rmined cause [	iry 🛂, and	find that
2		ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	B.D.	Thon	nas	_M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICA	ICAL EXAMINER	411/60	DATE	SIGNED
	220	BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE TH	IEREOF/	224. NAME OF CEMETERY OR	CREMATORY Cemeter	22d. LOCATION (C	City, tawn, or county	(Ste	ote)
	23.	FUNERAL DIRECTOR	S SIGNATURE	Per. C	ADDRESS mber/pNct	240. RE	CD BY REGISTRAR EB 1 5 '60	246. REGISTRAR'S S		

MARYLLING STATE TEXAPONER OF REALTH-BALTIMORE, TO HTASO NO STATISTICO SE SEMINARA CALADIDO MA ASTR dea

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VS A15 (4)

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MEDICAL

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01958

1991 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Mar yland b. COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town) Thurmont, HD Thurmont-Yrs. d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION WIN Home ON A FARM? YES NO NAME OF Middle 4. DATE DECEASED OF DEATH Feb. Minnie E. Brice (Type ar print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) 1879 Months Sept. Doys white female WIDOWED T DIVORCED [ YES. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. Day Work Maryland Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret E. Penwell Devilbiss Gardia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No Mrs. Dersey Stimmel Thurmont, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY B s neumound a 6,, S IMMEDIATE CAUSE (a) **DUE TO** aug B Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of wark 196 Othat I last saw the deceased

21. I certify that I attended the deceased fram. and that death accurred at la

\_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S James K. NAME (Type)

Thurmont, Mar yland

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Lewistown Cemetery 22d. LOCATION (City, town, or county) Lewistown

Croage

Thurmont, Maryland

24a, REC'D BY REGISTRAR DATE FEB 1 6 '60

24b. REGISTRAR'S SIGNATURE Circhay S. Thous

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mell	es .l demagno		99.	A. Devilo	Osrdis
Inurrant, 16.					0.
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ite has been sig burial-transit p ending phycertificate the Use O FUNERAL DIRECTOR: A page 3 shauld be detached buri

physician.

0 VS A15 (4) 15M 9/5R

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Frederick Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Frederick d. NAME OF HOSPITAL (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 208 Magnolia Avenue Frederick Memorial Hospital YES NO NAME OF 4. DATE Middle DECEASED 1960 AMBERSON BROWN February GEORGE DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys Hours June 10, 1895 Male White DIVORCED [ WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Gospel Penna. Minister 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Stoops John Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Alice M. Brown-Same as Item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while at wark \ ot work ... 1960that I lost saw the deceased 21. I certify that I attended the deceased from and that death occurred at 8:00PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 2/4/60 ACTUAL East Church Street SIGNATURE PHYSICIAN'S Rex R. Martin, M.D. Frederick, Maryland NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Feb.6,1960 Greenmount Cemetery Greenmount. Maryland 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland arthur & Kroup

1962 CERTIFICATE OF DIMERS s stemskiller i Vier i solemens i Marting Room CALL CONTRACTOR OF THE CONTRAC CHILD THE WAY SELVER TO SELVE Lighter William Commence of the Commence of th Symptotic management of the state of the state of the in 1944 man terminal entre de la companio de la composició de la composició de la composició de la composició d La composició de la compo 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

01960

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE
	rederick MARYLAND	Maryland runce Teorges
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
	Cullen 1/2 days	Schr 1629,2
+	d. NAME OF HOSPITAL (If not in hospital, give street address) Victor Cilley State Hospy'tal	d. STREET ADDRESS  6 6 6 6 Greig St.  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \) YES \( \) NO \( \)
	3. NAME OF DECEASED (Type or print) Will Gw Jackson	Cox 4. DATE OF Month Doy Year 1960
	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH 10 9. AGE (In years last birthday) Months Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
)	13. FATHER'S NAME, Wary Cox	14. MOTHER'S MAIDEN NAME Whithington
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I [Yes, no. or unknown] III yes, give wor or dates of service) 227-09-5209	Records of Victor Collen Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Cardio - Johnson	echosy respiratory failure interval between onsei and death
1	OOZX DUE TO DO	D. A.
1	Conditions, if ony, which gove rise to immediate (b)	luberculoses
1	couse (o), stoting the under-	
	/ (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
2	3 Azteriosalerosis - Myocar	res Domale YES NO P
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 9 or Part 11 of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while of work of twork	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
9	21. I certify that I attended the deceased from 8/24	
	olive on 2 11 , 19 90 , and that death	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE 1. F. 164/01	MD. Cullen Maryland
	PHYSICIAN'S Humas F. Vestal	
	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Burial 2-15-60 Fort Line	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cuilwy & Kraus
	In Nitologie outer / fillow	M.G. DATE

BOTH ELLINS		
	THE RESERVE OF THE PARTY OF THE	
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death.

AN: The law requires that the death certificate be executed w

has been signed by

page 3 should be detoched far use as the burial-transit

may be retained by the haspital at a sending TO FUNERAL DIRECTOR: After this certificate the registrar priar ta burial, cremotian, ar

VS A15 (4) 1SM 9/SB

TO HOSPITAL OR ATTENDING PHY

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1963

CERTIFICATE OF DEATH

arthur S. Huma

DATE FEB 1 0 '60

01961

					Reg.	Dist. No.	
1. PLACE OF DEATH  o. COUNTY	rederick	MARYLAN	2. USUAL RESIDENCE (V		L COUNTY -	dence before adm rederick	
b. CITY OR TOWN RURAL ond give n		write c. LENGTH OF STAY IN 1		outside corporote li	mits, write RURAL or	nd give nearest to	wn)
OR INSTITUTION	TAL (If not in hospitol, give Seventh Stre		d. STREET ADDRESS	st Sevent	h Street	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First JOHN	MILTON	CRUM	4. DATE OF DEATH	Month Februar	y 3,	Year 1960
s. sex Male	2022 1 1	MARRIED NEVER MARRIED [		, 1886 <b>7</b> 3	E (In years t birthdoy) Month	DER 1 YEAR IF UN	7
during most of wor	rking life, even if retired)	10b. KIND OF BUSINESS OR IN		e or foreign country)	12.0	USA	COUNTRY
13. FATHER'S NAME	mon Crum		14. MOTHER'S MAIDEN	NAME Lret <b>Hacks</b>	on		1
IS. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE   If yes, give wer or dates of service	5? 16. SOCIAL SECURITY NO. 212-05-0810	Mrs. Mazie M.	Crum-Same	Address as Item	#2	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DON, which (b) immediate the under.	per line for (o), (b), ond (c).]	J. left lu	ng		INTERVAL ONSET AN	DEATH
CATIO		IONS CONTRIBUTING TO DEATH		11574		PER	S AUTOPSY FORMED?
	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCU					
ZOc. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 19	20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, for foctory, street, office bldg., e		wn)	(County)	(Stote
ACTUAL SIGNATURE	hat I attended the delicity of	1960 , and that de	ath accurred at :000 M.D. Profession  Frederick	M, from the of ADDRESS (Street, of hal Buildi	ng	the date stat	ed abave
	Feb.8,1960	22c. NAME OF CEMETER  Fort Lincol		22d. LOCATION (			tote)

M. R. Etchison & Son, Frederick, Maryland

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FOR STA HEALTH DE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

						CERTIFICA				Dist. No		)19
1. [	PLACE OF DEATH	Frederick	964	MAR	YLAND	2. USUAL RESIDENCE (		sed lived. If institu b. COUNT		deri		ssion)
Ь	Frederick	If autside carparate limits, w n)	ite RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		Rural RD#		d give ne	earest to	∾n)
		Fourth Str		pitol, give street addre	rss)	d. STREET ADDRESS	Frede	rick			ON.	A FARM
	NAME OF DECEASED (Type or print)	DEWEY	irst	WILLIAM	CRI	TCHFIELD	4. DATE OF DEATH	Month Febru		Doy 17,		9 60
5. S	Male	White	WIDOWE		XX I	April 2, 1		9. AGE IIn years fast by day) 38 yrs.	Months	Days	Hours	ER 24 HR Min.
10a	USUAL OCCUPATION OF WORK! Truck Dri	ON (Give kind of woring life, even if retired. VSI)	done 10b. K	Lumber Com	pany	Virgin:	or foreign	country)	12. CII	USA	TAHW	COUNTR
13.	FATHER'S NAME Alexande	er Crutchfi	.eld			14. MOTHER'S MAIDEN Julia Gray		on				
15.  Yes,	WAS DECEASED EN	/ER IN U. S. ARMED F (If yes, give war or dates		25-34-1646		ormant  • Ovel Boyl	es (	Address Same as i	tem #	(2)		
	PART 1. DEA  49  Conditions, if a gave rise to imme (a), stating the cause last.	underlying DUE To	(e)	ronchopneur	nonia	, Empyema &	Perio	earditis			Days	
TEICATION		HER SIGNIFICANT CO	INDITIONS CO			OT RELATED TO THE TERM			EN IN PAI	- ' '		AUTOPSY RMED? NO
MEDICAL CERTIF	20g. EXTERNAL CAPRIMARY   or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o.m. p. m.	IRY Month, Day, Y	eor 20d.   White	INJURY OCCURRED 2	20e. PLACE	OF INJURY (Home, for y, street, affice bldg., etc	m. i 20f. (Cit	y or town)	(Co	ounty)		(State)
	apinian deoth		Natural o	causes Ø, Acci	ident [	e, held an Autop:  ], Suicide [],  M.D. CHIEF MEDICAL E  ASSISTANT MEDICAL  DEPUTY MEDICAL	Hamicide  XAMINER [	Undete	rmined	· b,mand	DATE S	
220		ON 226 DATE THERE	EOF	22c. NAME OF CEMET		REMATORY Orial Park		derick, M		und	(Stole	1)
23.	FUNERAL DIRECTO	R'S SIGNATURE	n Tra	ADDRESS ederick, Ma	אינו פיני	240. REC	D BY REGIS	TRAR 246. REGIS	TRAR'S SI	GNATUR	E	

TO DEPUTY MEDICAL EXAMINER. certificate shauld be executed within 24 hours after death. If pelay is necessory, please execute the certificate, writing it and "pending" in pendi in Item 18. Give Pages 1, 2, and 316 me funeral director. Page 4 shauld be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS. A15ME BM 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH SALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1

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VS A15 (4) 15M 10/S7

7 =	10	02 I	CERTIFICA	ATE OF DEATH	4		Reg. Dist. N	o.	10
1. PLACE OF o. COUNT	Frederick	7.5	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased	lived. If institution b. COUNTY Prince	Residence bei		/
b. CITY O	R TOWN (If outside corporate lin	nits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corpore	ote limits, write RU	RAL and give n	earest town)	
d. NAME	len Md. OF HOSPITAL (If not in hospital.	give street	One Day	Allentown	, Md.	16	012	e. IS RESIDEN	CF
OR INS	STITUTION		Hosp.	6656 Pat's	Lone			ON A FARA	MP
3. NAME OF DECEASED (Type or p	F	irst	Middle	Lost	4. DATE	Februar Month		Day Year	A
S. SEX			RIED NEVER MARRIED	8. DATE OF BIRTH				L960 19	HPS
Fema	le White	WIDOWI	ED DIVORCED	March 13, 1	907	lost birthdoy) 52 yrs.	Months Doys		lin.
10a. USUAL (	OCCUPATION (Give kind of work nost of working life, even if retire	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZEN	OF WHAT COU	NTRY
Hou	sewife		Domestic	Virgini	2		U.	S. A.	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME				
	orge Dean			Victoria	Gree	n			
15. WAS DEC	EASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT		·Addre	55		
Condition gove couse (couse (c	DUE TO THE SIGNIFICANT COLUMN TO THE SIGNIFICANT COLUMN TWO TWO TWO TWO THE SIGNIFICANT COLUMN TWO	(c)			INAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS AUTO PERFORMED YES NO	)?
OR CON	TRIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)  OF INJURY Month, Day, Y		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City		(County	) (S	tote)
20c. TIME	ur o. m. p. m.	While of wor	Not while fo	ctory, street, office bldg., etc	)		(22411)	,	
ACTUAL SIGNATU PHYSICIA NAME (T	AN'S T. F. VO.  CREMATION, 22b. DATE THERE L(Specify)	stal.	M. D.	M.D. Cullen,	PM, fram ADDRESS (Stra Md	the causes and the causes are the cause are the causes are the cau	d an the delete)  2-5  county)	DATE SI -1960 (Stote)	bave
Bura			ADDRESS ADDRESS	# 02 / 240. REC'	D BY REGISTR		RAR'S SIGNATU	JRE	
May	monte ps	Logh	1. Burnen	DATEFE	B 1 0 '60	aris	hun S. Tha	м4	

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	Allantown, Ma.		Collins, ic.
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		, N. F. J	tov. T. Ves

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VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	997	CERTIFICATE	OF DEATH

01964

		19	J4 CER	IIFICA	IE OI	DEAII			Reg. D	ist. No.		0 -
	rederick		M	ARYLAND	2. USUAL I		here deceased	lived. If instituti b. COUNTY	_	nce befo		on)
b. CITY OR TOWN ( RURAL and give no Rural	If outside carporate limi earest tawn)	its, write	c. LENGTH OF ST	TAY IN 16	K Rur		outside corpo	rate limits, write F	URAL and	give ned	rest town	)
	TAL (If not in hospital, g		address)			ET ADDRESS	tonsv	ille				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Gladys		Mic Jane	ldle Da	vis	Lost	4. DATE OF DEATH	Febru		74	'	rear 19 60
s. sex Female	6. COLOR OR RACE	_	IED NEVER MA	RRIED 8.	DATE OF	15-19		9. AGE (In years last birthday) 5 8 yrs.	IF UNDER			
10a. USUAL OCCUPATION	king life, even if retired	done 10b.			RY 11. BIR	ederic				U.S.		OUNTRY?
John C.	Norris					er's maiden i		r				
15. WAS DECEASED EVE			None		ormant advs	O. G:	rner	Add -Lingan	ress	24.	Fine	d.Ma
PART I. DEA  + 2 0 o  Conditions, if a gave rise to i couse (a), stating lying cause last.	the under-		Atterio	In Tosch	Port	mbi c.C.	V.D.			ONS 22	ye	Minus.
200. ACCIDENT WA	AS UNDERLYING   G CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye	20b. DES	CRIBE HOW INJUR	Y OCCURRED.	(Enter natu		Part I ar Parl	t II of item 18.)		(County)	YES _	RMED?
21. I certify the alive an	Sermand	19.0	/		D	In.	ADDRESS (St	the causes ar reet, city or town,	and an th	e date	stated	abave. E SIGNED
22a. BURIAL, CREMATIC REMOVAL (Specify) Buraal	N, 22b. DATE THEREC	-	22c. NAME OF C				22d. LOCAT	ION (City, town,			(State	
23. FUNERAL DIRECTOR		eder	ADDRESS				D BY REGIST	RAR 24b. REG	STRAR'S S	GNATU	RE	

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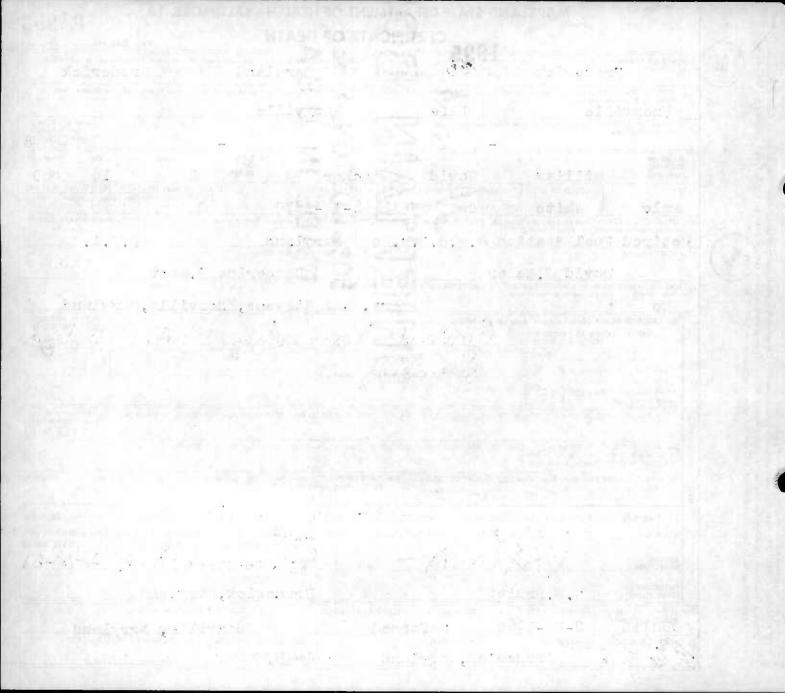
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Superior Control	Telephone	10 at		10 (10 A)	

VS A1S (4) 1SM 9/S8

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01966

		4	CERTIFIC	ATE OF DE	AIH			Reg. D	ist. No		
1. PLACE OF DEATH	rederick	-1.	MARYLAND	2. USUAL RESIDEN o. STATE MS	ce (Where de		ed. If institution b. COUNTY		der		sion)
b. CITY OR TOWN ( RURAL and give n  Knoxvi		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW		corporate	limits, write R	URAL ond	give ne	arest low	n)
	TAL (If not in hospital,	give street	1	d. STREET ADDI		_	W.				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	William Fi	rst	Middle David	Lost Ecker	4. D	ATE OF DEATH	Man 2	th	18	,	Year 1960
s. sex Male	6. COLOR OR RACE	7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	6-14-18	379		AGE (In years last birthday) 30 yrs.	Months Months	R 1 YEAR Days	IF UND Haurs	ER 24 HRS Min.
during most of war	ON (Give kind of work rking life, even if retired Fuel Stat	1)	KIND OF BUSINESS OR INDU		and	eign count	rry)	12.CI	S.A	WHAT	COUNTRY
	David W.E		SOCIAL SECURITY NO.	INFORMANT	ather	ine	E.Wes				
(Yes, no. or unknown)	(II yes, give wor or dates of			s.Lena St	evens	Kno	_		ryl	and	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	) (	ine far (a), (b), and (c).]	New	Man	91	- 20	1		ERVAL 8E	ETWEEN DEATH
gove rise to cause (o), stating lying cause lost.	the under-	c)		1							
PART II. OT  PART II. OT  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CON		CONTRIBUTING TO DEATH BU					EN IN PA	RT 1(o)	PERFC	AUTOPSY DRMED?
	AS UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of in	ijury in Part I	or Part II	of item 18.)				
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Ye	20d. While of wo	Not while	LACE OF INJURY (Hon actory, street, office bl		f. (City or	town)		(County)		(State
alive an	hat I attended the	deced	sed fram 2-14	h accurred as			e causes an	id an th		e state	deceased abave
PHYSICIAN'S NAME (Type)	C.E.Pr						Maryla			(Sto	40)
BURIAL CREMATIC	2-22-1		22c. NAME OF CEMETERY	d	F	nox	viller	Mar	vla	nd	ie)
23. EUNERAL DIRECTOR		nswi	ADDRESS .ck, Maryland		ATEFEB 2		-	strar's s			



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1986 **CERTIFICATE OF DEATH**  01967

Rea Dist. No.

o. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE (* o. STATE Mar	where deceosed live yland	d. If institutio b. COUNTY		efore admission)
b. CITY OR TOWN RURAL ond give r Thurme	(If autside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		imits, write RU	JRAL ond give	nearest town)
	ITAL (If not in hospital, give street	address)	d. STREET ADDRESS	Street			e. IS RESIDENCE ON A FARMS YES NO
NAME OF DECEASED (Type or print)	Cleo First M	elvin Eyler	Last	4. DATE OF DEATH	Feb		Day Year 6
male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH Sept. 26,	- 10	GE (In years st birthday) of yrs.	Manths Day	AR IF UNDER 24 H
during most of wo	ION (Give kind of work done 10b. rking life, even if retired)	th farme	Max	ryland	)		S.A.
3. FATHER'S NAME Clayte	n Eyler		14. MOTHER'S MAIDEN		ert		
5. WAS DECEASED EV	44	19-11-8212	Mrs. Mars	hall Spr	Addre ague		Md cy Ridge
Conditions, if a gave rise to cause (a), stating lying cause last.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIR)	immediate DUE TO	CONTRIBUTING TO DEATH BU		aloular	NDITION GIVE	EN IN PART 1(c	19. WAS AUTOPS PERFORMED? YES NO [
	AS UNDERLYING COS. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury	in Port I ar Part II of	item 1B.)		
20c. TIME OF INJU Hour a. m. p. m.	While	NJURY OCCURRED 20e. PI Not while k at work	ACE OF INJURY (Hame, fo ctory, street, office bldg.,	orm, 20f. (City or to	wn)	(Cour	nty) (Sto
21. I certify to alive an	James K. Gra	do, and that death	n accurred at 4	ADDRESS (Street,	causes and	d on the de	saw the deceas ate stated above DATE SIGN 2/29/
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	Cemetery	22d. LOCATION ROCK	Ciry tewn d	go, M	ar y Land
Raymond	E. Creager	ADDRESS Thurmont, Md		EC'D BY REGISTRAR		TRAR'S SIGNA	

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haurs after death. Page 4 attending physician and campletely filled in by the funeral directar, n please remaye arban papers. Pages 1 and 2 shauld be filed with requires that the death certificate be executed wi death. Then please event within may be retained by the haspital at Smanding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the as the burial-transit ar remaval, page 3 shauld be detached far use the registrar priar to burial, cremati

		1330		Re	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY	ederick	MARYLAND	o. STATE	Where deceosed lived. If institution: I b. COUNTY F	Residence before admission)
b. CITY OR TOWN ( RURAL ond give n Rural, Emr		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write RURA	L and give nearest town)
	TAL (If not in hospital, give s $R \cdot D \cdot \# 1$		d. STREET ADDRESS	0.#1	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Mary	Middle Anne	Eyler	4. DATE Month OF DEATH February	Day Yeor 19 60
5. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy) M	UNDER 1 YEAR IF UNDER 24 HR
Female		DOWED TO DIVORCED	Nov. 20,18	381 78 yrs.	
during most of wor  House	king life, even if retired)	10b. KIND OF BUSINESS OR IND		ck Co. Md.	12. CITIZEN OF WHAT COUNTRY  U. S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Ch	narles W. O	tt	Mary F	Brawner	
S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		r. John B.	Ott, Emmitsbur	g. R.D.#1 Md
Couse (o), stoting lying couse lost.  PART II. OT	) (c)	ONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. VAS AUTO
- 20- ACCIDENT W	AC HAIDEBLVIAIC ET 20L	DESCRIBE HOW INTRIBY OCCUR	DED (Entre nature of initial)	in Park Las Park II of Jam 19.)	YES NO
OR CONTRIBUTING	AS UNDERLYING [] 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	KED. (Enter noture of injury i	in Fort For Fort II or Hem 16.	
20c. TIME OF INJUI Hour o. m. p. m.	V V	0d. INJURY OCCURRED 20e. While Not while t work of work	PLACE OF INJURY (Home, for foctory, street, office bldg., a	orm, 20f. (City or town)	(County) (State
21. I certify the alive an actual	nat I attended the dec	1 -	th accurred at 120	M, fram the causes and c	
PHYSICIAN'S NAME (Type)		VSSTAR,	GEO . OR CREMATORY	22d OCATION (City, town, or co	ounty) (State) Md
REMOVAL (Specify Burig) 3. FUNERAL DIRECTOR	Feb.26.19	960 St. Anthon	y's Shrine	Frederick Co	,Emmitsburg,
3. FUNERAL DIRECTOR	Wilson	Emmitsbur	24a. RE		AR'S SIGNATURE

TO HOSPITAL VS A1S (4) 15M 9/5B

Wilson

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(State)

PERFORMED?

YES NO

ON A FARM?

YES NO IX

Year

ACTUAL

228 N. Market St.

Frederick, Md.

DATE SIGNED 26 Feb 1960

PHYSICIAN'S NAME (Type)

B. O. Thomas, M. D.

2-28-60

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Frederick, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

M. R. Etchison & Son, Frederick, Maryland

Mount Olivet Cemetery

24g. REC'D 8Y REGISTRAR FEB 2 9 '60

24b. REGISTRAR'S SIGNATURE arthur S. Thank

may be retained by the FUNERAL DIRECTOR: page 10 VS A15 (4) 15M 9/58

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VS A15 (4) 15M 9/55 069

b. CITY OR TOWN (If outside corporate from K	nirt al LENGTH OF STAY IN 1	o. STATE  c. CITY OR  Le Ge	MARYL	AND		FREDE	before admi	ssion)
RURAL and give marrett town RLD,	street oddress)	X Le G	TOWN (If ou	tride corpore				
	street oddress)		ore	nior corpore	ote limits, write R	URAL and giv	e nearest tov	m)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION FREDERICK	MEM, HOSPITAL		DDRESS				ON	SIDENCE A FARM? NO [3]
NAME OF First DECEASED (Type or print) LOLA	MISOURA	GIBS		4. DATE OF DEATH	All Mon	th	Day	Yeor 1960
remain Whii	MARRIED NEVER MARRIED [  IDOWED MODEL NEVER MARRIED [	36 1- 1			last birthdoy) 70 yrs.		YEAR IF UND	
Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own home		ACE (Stote or yland		untry)		S.A.	T COUNTRY
FATHER'S NAME		14. MOTHER'S						
Harvey Redn		Kat	• Misn	er		_		
6. WAS DECEASED EVER IN U. S. ARMED FORCES (165, no. or unknown) (16 yes, give wor or dates of service)		7. INFORMANT Mrs Marth	a Davi	. 84	Thurn		D	
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause lost.  (c)	Cardino dec Arteriosclerote	oupus c'Cardio	-Vas	aula	Duis	sl	ONSET AN	y yes
PART II. OTHER SIGNIFICANT CONDIT	DESCRIBE HOW INJURY OCCU					EN IN PART	PERF	AUTOPSY ORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED 20e While Not while of work of work	PLACE OF INJURY I foctory, street, office	Home, form,	20f. (City	or town)		unty)	(Stote)
21. I certify that I attended the de alive an Fill ACTUAL SIGNATURE ELLE PHYSICIAN'S NAME (Type) ERNEST A		ath accurred at	6:00 A	M, fram	the causes coet, city or town,	nd on the	date sta	
20. Burial, Cremation, 22b. Date Thereof REMOVAL (Specify) Burial Feb. 18-19	22c. NAME OF CEMETER	RY OR CREMATORY	-6-1		ON (City, town, o	or county)	(Ste	ole)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Welkersvill	• MD	24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGN	IATURE	

	TE OF DEATH	A FR	<b>维</b> 技	
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1967 CERTIFICATE OF DEATH

Reg. Dist. No.

01971

1, PL/ a, (	COUNTY SA	edericle		MARY	LAND	2. USUAL RESID	DENCE (Who	land	yed. If instituti b. COUNTY	anı Residen	ce befare oc	imission)
b.	CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (IF 60	itside carporat	e limits, write f	URAL ond	give nearest	tawn)
		Lerick		lur	?.	XW	alk	erson	lle.			
d.	NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, g	ive street	oddress)		d. STREET A	DDRESS				e. IS	RESIDENCE
3	rederi	ck merce	rea	( ) ospil	al							S NO D
DE	CEASED  pe or print)	Fir	st 🛆	Middle TRF	KI E	Los		4. DATE OF DEATH	7 Mor	ecacy	Day / 2	Yeor 1960
5. SEX		6. COLOR OR RACE	7. MAD	RIED NEVER MARRIE	0 57	DATE OF BIRTH	1	9.	AGE (in years		1 YEAR IF L	INDER 24 HRS.
	于	14)	WIDOW	_		Stene 19	1 198	21	lost birthdoy)	Months		ours Min.
10a. U	SUAL OCCUPAT	ION (Give kind of work				TRY 11. BIRTHPL	AČE (Stote o	or foreign cour	/ 0	1	IZEN OF W	HAT COUNTRY?
	luring most of wo	orking life, even if retired		0		-		0 1	7		11 6 4	
12 54	THER'S NAME	everk	0	wu hom	~	The Mozuenie	ary	and		1	L. D. H.	
13. FA	P NAME	2/ /				14. MOTHER'S	WYIDEN N	AME	/			
	Jewis	Hardy	1			Ellen	130	rrich	Ł.			
	AS DECEASED EV	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT			Add	ress		/
	no			-	m	ro war.	. Pe	ther !	Walke	rovil	le.	mol
18	B. CAUSE OF DE	EATH [Enter only one co	use per li	ne for (o), (b), and (c).				01 /			INTERVA	L BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	. 6	rding de	con	yeller	Con					CALLE
	1155	IMMEDIATE CAUSE (a	1 00		i	1		- 1				
	4200		13	frainching	700	Earder T	a recei	las tu	url		med	ita
	Conditions, if gove rise to	immediate		ceres -ceres	600			1000			1 3/20	
	couse (o), stotin											
	lying couse lost										1	
CERTIFICATION	lociti	THER SIGNIFICANT CON	Lecon	contributing to DE	-			rej lice	acus	PAR	PE	REFORMED?
CERTIF	0a. ACCIDENT V OR CONTRIBUTION FEITHER, NOTIF	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of	f injury in P	ort 1 or Port II	af item 18.)			
¥ 20	c. TIME OF INJU	JRY Month, Day, Ye	or 20d. I	NJURY OCCURRED		CE OF INJURY			town)	10	County)	(Stote)
WEDICAL	Hour a. m	10	While of wor		fact	lory, street, office	bldg., etc.					
	p. m.			1 7		gian a	1	1 17		0		
2	1. I certify	that I attended the	deceas	10 0			, to_Td	the Lite				he deceased
0	live onZ	10.11	, 19/-	and that	death	occurred at	2,00 F	M, from	the causes	and on th	he date s	tated above
		D 111	1	1100				ADDRESS (Street	et, city or town,	stote)	-11	DATE SIGNED
	CTUAL IGNATURE	melse (1.	100	Allmert	^	A.D					-pol.	13,196
PI	HYSICIAN'S IAME (Type)	ERNEST	Air	DETTBAK	21	The	eller	soile	E, Ju	1.		
22o. B	BURIAL, CREMAT	ION, 226. DATE THEREC	)F	22c. NAME OF CEMI	ETERY OR	CREMATORY		22d. LOCATIC	N (City, tawn,	ar county)		(Stote) /
R	REMOVAL (Specif	1) 2/14/	60	Heado	Do.	weterns		11201	Bons	00.		yes /
23 FI	JNERAL DIRECTO	R'S SIGNATURE	10	ADDRESS	cer	nevery	240 PEC'S	BY REGISTRA	P 24h PEC	STRAR'S SIG	SNATHRE	MA.
20.10	40	Ranta	1	12 leron	.00	201	DATE FE			ribug &	4 .	
	マンノノイ	JUMION		13 Y KSKAN	9 XX 0	NVV	DATE 1 -	0	4	The land	- CONTRACT	

may be retained by the haspital continued by second and the continued of the continued by the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carborr papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

AN: The law requires that the death certificate be executed w

TO HOSPITAL OR ATTENDING PH

VS A15 (4) 15M 9/55

24 haurs after death. Page 4

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### MARKIAND STATE DEPARTMENT OF HEALTH - SALTIMORE

ERTIFICATE OF DEATH

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-	BALTIMORE,	18

CERTIFICATE OF DEATH

01972

		100	CERTII	FICAI	F OF	DEAT	Н		Reg. D	ist. No	. '	
1. PLACE OF DEATH a. COUNTY	Frederick	<del>: 0'()</del>	MARYL		USUAL R			b. COUNTY		nce befo		ion)
b. CITY OR TOWN RURAL ond give	(If autside corporate limits	, write	c. LENGTH OF STAY I	N 1b	c. CITY	OR TOWN (II	f outside corp	orote limits, write	RURAL ond	give ne	prest town	1)
Frederic	K		1 day		( Ru	cal	Monr	ovia			100	
	PITAL (If not in hospital, given No.   Ck.   Memoria.)		oddress)	1	d. STREE	T ADDRESS	onrov	ia Rt .	1			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Mary Jo		Middle Harris			Last	4. DATE OF DEATH	Feb.	nth 20	Do	,	Year 1960
S. SEX			RIED NEVER MARRIE	D   8. D	ATE OF E	IRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UNDE	
Female	Colo red				ug.	23-1	876	lost birthdoy)	Months	Days	Hours	Min.
10a. USUAL OCCUPAT during most of we	TION (Give kind of work dorking life, even if retired)	ane 10b.			11. BIRT	HPLACE (Sta			12. CI			OUNTRY
13. FATHER'S NAME	JOI - CEACHE			1		ER'S MAIDEN		• Mct •		0,	S.A	
	Johnson			15	Mi	ddiea	Br	ooks			157	
15. WAS DECEASED ET	VER IN U. S. ARMED FORCE (If yes, give war or dates of ser		SOCIAL SECURITY NO.	INFO	RMANT			Add	dress	Mar	yla	nd
No		2]	19-36-2664	1D C	arl	Ha r	ris R	t.4 Mt.	Air	v F	ced.	Co
	EATH [Enter only ane cau	se per li	ne far (a), (b), ond (c).]			10				INT	ERVAL BE	TWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ca	urbon yea	saul	a	there	rubo	sis			2 20	4
260	) X DUE TO	A	1	0								7
Conditions, if		/:	Henr si	clen	His					Q	m. 11	yrs
gave rise to cause (o), statin	immediate (	7	)- 0 '1		00				- 10		10	
lying couse las		•	rabetes	Me	ell.	itus				01	11 11	1 MZ
PART II. O	THER SIGNIFICANT COND	ITIONS (	CONTRIBUTING TO DEA	TH BUT NO	T RELATED	TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO YES	RMED?
O (IF ETHER, NOTI	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter natu	re of injury i	n Port I ar Pa	rt II of item 18.)				
20c. TIME OF INJU Hour o. m p. m	. 10	While of wor	Not while			RY (Home, fo ffice bldg., e		y or town)		(County)		(State
21. I certify	that I attended the	deceas	ed fram Tels	. 11	196	0 , ta	Tel.	20, 1960	,that 1 l	ast sav	v the d	ecease
alive an	Tel 20 60	, 19_	, and that	death ac	curred	at	M, fram	the causes a				
1		A .	00			-1		street, city or town				E SIGNE
ACTUAL SIGNATURE	Call d.	(Vu	200	M.D.		Sho	opiu	g Leu	ter			
PHYSICIAN'S NAME (Type)	1 Raip	h	L. Mich	els		7 (	Fre	derid	2,1	11		
22a. BURIAL, CREMAT REMOVAL (Specif	y)		22c. NAME OF CEME		REMATOR	Y		TION (City, town,	~	27.2	(Stote	e)
Burial 23. FUNERAL DIRECTO		-60	ADDRESS	uls		240 05	De J	PRAR 24b. REG	CO.	MICHATIL	RE	
C E Hic		e de	rick-Nd.			DATE	A T TO	1-2.63	Compl. 7.	700000	4	

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FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: The certificate should be executed within 24 hours after death. If the celeby is necessary, please execute the certificate, writing the conditional product of the certificate, writing the conditional condit

VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1970

01974 Reg. Dist. No.

		PLACE OF DEATH O. COUNTY FRE	AND	2. USUAL RE a. STATE		TAND	b. COU	itution: Res			ission)			
)	b	b. CITY OR TOWN (If and give nearest town	FREDER I		2 hours	V 16			VILL	porate limits, wr	ite RURAL o	and give r	eorest to	iwn)
9			MEMORIA		pital, give street address)		Route		IOXVI	LLE			ON	A FARM?
	-	NAME OF DECEASED (Type or print)	HELEN Fir		GINIA Middle	JEN	KINS	1	4. DATE OF DEATH	2	nth	20 Day		60
		FEMALE	6. COLOR OR RACE WHITE	WIDOWE			3-31-	1918		9. AGE (In years lost birthday)	Months	Doys Doys	Hours	Min.
			ON (Give kind af wark a life, even if retired)	dane 10b. K	OME	NDUSTR			-	ountry)		ITIZEN O		COUNTRY?
	13.	FATHER'S NAME	EARL DIX	ON			14. MOTHER'S			M.VIR	rs			
		WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO.		-Will:	lam H	.Jenl	kins, Kı	noxvi	lle	, Md.	
)	ATION	PART I. DEAT  331  Conditions, if a gave rise to immedial, stating the cause tast.	diate cause DUE TO		Cerebral						GIVEN IN PA	ONS (ART 1(a) 1		S A
	MEDICAL CERTIFICATION	200. EXTERNAL CAL PRIMARY   or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m.	NTRIBUTING   RY Manth, Day, Yea	or 20d. I	Nat while	- PLAC	ter nature of in E OF INJURY ( ry, street, office	Home, farm	20f. (City		(0	aunty)		(Slute)
7_	M		resulted from:	af the r	remains described causes Accide	_	, Suicid M.D. CHIEF A	e , H	y ge, li damicide AMINER CAL EXAMINE	R 🗆	termined	manne	DATE S	d in my
	]	BURIAL  FUNERAL DIRECTOR	2-24-19	60	ST MARKS ADDRESS ICK, MARYLA	3	REMATORY		PETH D BY REGIST	RAR 24b. REG	E MA GISTRAR'S S	RYL	RE	•)

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# FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01975

	4	000						Reg. D	ist. No.	
o. COUNTY Fr	ederick	MARYL					inab. COUN			idmission)
Frederic	f outside corporate limits, write RUR.	c. LENGTH OF STAY IN Minutes	1 1b				role limits, write		14 4	I town)
	C By-Pass Rout	in hospital, give street address) te 15		d. STREET AD	DRESS		777	(-3		S RESIDENCE
3. NAME OF DECEASED (Type or print)	First ROY	Middle EUGENE		kelley		4. DATE OF DEATH	Mon Fe	h bruary	Doy	Yeor 19 60
5. SEX Male	White will	MARRIED NEVER MARRIED DOWED DIVORCED	1 12	TE OF BIRTH			AGE (In years lost Ayribday)	Months	TYEAR IF U	INDER 24 HRS.
10a. USUAL OCCUPATI during most of worki Salesman	ON (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR IN Used Cars	DUSTRY	South	Car	or foreign con olina	intry)		ZEN OF WH	AT COUNTRY
13. FATHER'S NAME  Carl Kell	.ey		14.	Ruby 1						371
15. WAS DECEASED EN	ER IN U. S. ARMED FORCES (If yes, give war or dates of service		Mrs.		is K	. Kell	Address ey (Same		tem #2	2)
PART I. DEA  8 16 ×  Conditions, if a gove rise to imme (el, stoting the couse fost.	diote couse (b)	Fractured Skul	1	. ис. — — — — — — — — — — — — — — — — — — —					Minu	
3		ONS CONTRIBUTING TO DEATH						VEN IN PART		REORMED?
	NTRIBUTING Aut	escribe how injury occurre to he was drivi	ng ra	an into	side	e of t	ractor	trailo	r	
20c. TIME OF INJU	2-1760	20d. INJURY OCCURRED 20e. While Not while by	factory,	of INJURY (Horstreet, office black)  Rt. 1	me, form, ldg., elc.) 5		erick-F	rederi		(Slote) ryland
opinian deoth		the remains described ural causes , Accide	-	held an A Suicide	_	, Instantion	pectian 🟋 , Undete	, Inquir ermined n	nanner [	and in my
ACTUAL SIGNATUREEXAMINER'S NAME (Type)	B. O. Thomas,	, M. D.	М.		MEDICA	L EXAMINER XAMINER		1	l Feb	1960
220. BURIAL, CREMATIC REMOVAL ISpecify REMOVAL	2-12-60	22c. NAME OF CEMETER	Y OR CRE	MATORY			ON (City, town, Son, Son			Slole)
23. EUNERAL DIRECTOR	rs signature hison & Son,	Frederick, Mary	yland			BY REGISTRA		STRAR'S SIG		

TO DEPUTY MEDICAL EXAMINER: — certificate should be executed within 24 hours after death. If the delay is necessary please execute the certificate, writing the configuration of the Chief Examiners. To fire a should be forwarded to the Chief Examiners office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriel, cremotion, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0 VS A1S (4)

1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

e. IS RESIDENCE ON A FARM?

YES NO K

Year

10 60

Rea. Dist. No

Frederick

Day

BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UND	
18, 1905	last birthdoy) 54 yrs.	Manths Doys Hours	Min.
RTHPLACE (State or foreign o	country)	12. CITIZEN OF WHAT	OUNTRY?
Maryl	and	USA	
HER'S MAIDEN NAME			
Flora Sope	r		
	Add	ress	
ry L. Lenhart	- Same as	Ttem #2	
iosilerotii r	enal di	INTERVAL BE ONSET AND	DEATH LIVE A
ED TO THE TERMINAL DISEAS	E CONDITION GIV	/EN IN PART 1(a) 19. WAS PERFC YES	AUTOPSY RMED?
ture of injury in Port I ar Por	rt II af item 1B.)		
URY (Home, farm, 20f. (City office bldg., etc.)	y or town)	(County)	(Stote)
	•	of an the date stated	
st Church Str	eet	2/4/6	0
ederick, Mary	land	and the second s	the sa on the the the the
ry 22d. LOCA	TION (City, Jawn)	ounty, Maryla	and
24a. RECED BY REGIO	TRAR 24b. REGI	STRAR'S SIGNATURE	

6 Wr Fire Lambert Cott, a.o. 1 117 Ladrente, Paragraphic Committee of the C

# may be retained by the hospital or arending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2000 **CERTIFICATE OF DEATH** 

	o ·	000	CERTIF	ICATE OF E	DEATH	1		Reg. D	ist. No.	01	97%
1. PLACE OF DEATH	derick		MARYLA	- CTATE	DENCE (Who	ere deceased liv	ed. If instituti b. COUNTY	on: Reside	nce befo	re odmiss	sion)
b. CITY OR TOWN	(If outside corporate limit	its, write	c. LENGTH OF STAY IN	1 1b c. CITY OR	TOWN (If or	utside corporate	limits, write R	URAL and	give nec	rest town	۱)
Frederick-	Rural RD#7		50 Years	X F	rederi	ick-Rura	1 RD#7				
d. NAME OF HOSP OR INSTITUTION YELLOW ST	ITAL (If not in hospital, g	give street	address)	d. STREET A		Springs	;				FARM?
3. NAME OF DECEASED (Type or print)	Fii ADA		Middle CORA	LINTO		4. DATE OF DEATH	Mon Fe	<sup>th</sup> bruar	y 19	,	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRT	Н	9.	AGE (In years		RIYEAR	IF UND	R 24 HRS
Female	White	WIDOWI		00 T	1876		as birthday) yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT during most of wo HOUSE—TO 13. FATHER'S NAME	rking life, even if retired	dane 10b.	kind of Business or At Home	Mye	rsvill	le, Mary		12. CI1	USA	WHATC	OUNTRY
	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO. None	informant Charles F			Add Lime as		#1)		
	immediate DUE TO	) Ca	Serilit	ty ascular a	accio	lent			INTI ONS 5	SET AND	TWEEN DEATH
20g. ACCIDENT W	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH		CRIBE HOW INJURY OCC					/EN IN PA	RT 1(a) 1	PERFC	AUTOPSY RMED? NO A
-	RY Month, Day, Ye	While	NJURY OCCURRED 2 Not while	Oe. PLACE OF INJURY ( foctory, street, office			town)		(County)		(State
olive on	hot I oftended the Jan 15 Aug 12 Rex R. Marti	196	Martin		4:301	ADDRESS (Street St.	, city or town,	d on th	e dote	stoted DAT	
	ON, 226. DATE THEREO	)F	22c. NAME OF CEMET Brook Hill			22d. LOCATION	N (City. town, Sprin	,,,	[ary]	(Sto	le)
23. FUNERAL DIRECTO		- Fre	ADDRESS	wl and		B 2 4 160	24b. REGI	STRAR'S S	GNATU	RE	1-17-

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VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, TO 2001 CERTIFICATE OF DEATH

Reg. Dist. No.

01978

	CE OF DEATH DUNTY	Frederick		MARY		o. STATE	. 7	nd	lived. If instituti b. COUNTY		ce before od	mission)
RU	IRAL and give ne	outside corporote limi orest town) erick-(Mar	100. 7	c. LENGTH OF STAY	IN 1b				te limits, write R -(Walter			
d. N		AL (If not in hospital, g		10		d. STREET A			(Wall out	203-02	e. IS	RESIDENCE N A FARM?
	AE OF ASED or print)	Fir Glady:		Middle Lloyd	Math	lon	st	4. DATE OF DEATH	Mor Feb		Day 28	Year 19 60
5. SEX Fen	nale			HED MEVER MARRIE		July 5-	н -1920	9	AGE (In years lost birthday) 39 yrs.	IF UNDER Months	Days Hou	NDER 24 HRS.
dur	Housew. Her's NAME	ing life, even if retired		Own Home		Kans	BAS MAIDEN N	IAME		t	J.S.A.	IAT COUNTRY?
(Yes, no.	DECEASED EVER	Clee Lloyd IN U. S. ARMED FOR If yes, give wor or dores of to	CES? 16.	social security No.	100	RMANT	3.123		(living Add ny,JrV	ress Fre	ederick Martz	
g	onditions, if or over rise to in vise (o), stoting t ing couse lost.	he <u>under-</u> DUE TO	)	CONTRIBUTING TO DEA		MOM G	0	NAL DISEASE	CONDITION GIV	VEN IN PAR	PEI	whis
WEDICAL CERTI	CONTRIBUTING EITHER, NOTIFY TIME OF INJURY Hour o. m. p. m.	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Yea  19  at I attended the	20d. 18 While at wor	1	20e. PLACE factor	OF INJURY I	Home, form e bldg., etc.	2/2 M, from	or town)	2,that I and an t	County) last saw tl	(Stote)
		0-	+1,	A .								
AC SIG PH'		r. James B		mas	M.D	I			Buildir aryland			itote)

Section 1 MOST DE SOLDWARD NAMES DAY, APT. SUIT I . . . The state of the s and the contract of the contra Committee of the State of the Committee THE PERSON ASSESSMENTS

24 haurs after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTICICATE OF DEATH

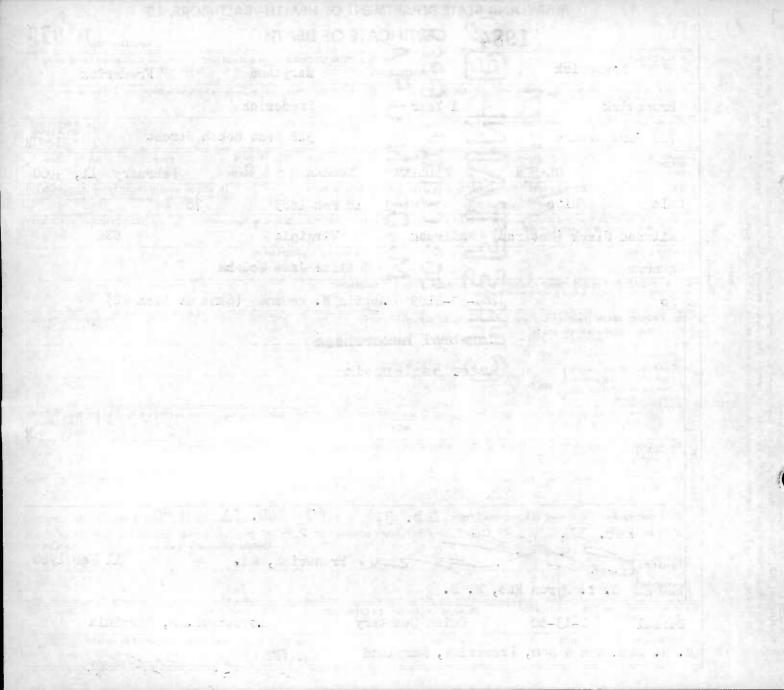
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			38	CERTIFIC	CAI	EOFD	CAIL			Reg. I	Dist. No	11 4	
	OF DEATH	ederick		MARYLAN			ence (Wi		d lived. If instituti b. COUNTY	on: Resid	ence befo	ore admis	ssion)
RUR	Y OR TOWN (I RAL and give no unswick	f outside carporate limit earest town) C	s, write	c. LENGTH OF STAY IN 1	b /		own (If a		rote limits, write R	URAL on	d give ne	arest tow	rn)
d. NA.	ME OF HOSPIT INSTITUTION O Park	AL (If not in hospital, gi	ve street	address)		d. STREET AD		est So	uth Stre	et		ON	SIDENCE A FARM? NO [X]
3. NAME DECEA (Type	E OF ASED or print)	Firs CLAUDI	E	Middle WILLIAM		McGAHA		4. DATE OF DEATH	Mor Fe	<sub>th</sub> brua:	ry .	-	Year 1960
5. SEX	.e	19829 9 3	7. MARE	RIED NEVER MARRIED E		ATE OF BIRTH	1883		9. AGE (In years lost birthday) 70 yrs.	Months Months		Hours	Min.
100. USU. durir Rai	ng most of world	king life, even if retired)	one 10b.	Railroad	IDUSTRY		CE (Stote	or foreign o	ountry)	12. C	USA	FWHAT	COUNTRY
	er's Name				1.	Alice			a				
15. WAS (Yes, no, or No	r unknown)	R IN U. S. ARMED FORG	rvicel	50CIAL SECURITY NO. 05-10-4189		rmant sin W.	McGal	ha (S	ame as i		#2)		241
gav	nditions, if o ve rise to i se (a), stoting ag couse lost.  PART II. OTH	mmediote DUE TO		rterioscle			THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN P/	ART 1(o)	PERFO	AUTOPSY ORMED?
OR C	CONTRIBUTING	CAUSE OF DEATH		Not while	PLACE	OF INJURY (H, street, office	ome, form	n,   20f. (City	764		(County)	)	(Stote)
21. ativ	I certify the		deceas	ed fram Feb.	ath ac	curred at_	5 A	_M, fram	the causes ar	d an t	he dat	e state	TE SIGNED
220. BURI Bul	IAL, CREMATIO OVAL (Specify)	2-13-60	F	22c. NAME OF CEMETER Union Ceme					TION (City, town,			a. (Sto	ote)
	R. Etch		Free	derick, Maryl	and			B 1 5 '6	10	STRAR'S			

may be retained by the haspital or cafending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 Maurs offer death. requires that the death certificate be executed TO HOSPITAL OR ATTENDING PH. IAN: T may be retained by the haspital or artending TO FUNERAL DIRECTOR: After this certificate

VS A15 (4) 15M 9/5B



death.

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	and All Transfer Conf. The State of the Stat

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197	1 CERTIFICA	ATE OF DEATH		Reg. Dist. No	01301
1. PLACE OF DEATH a. COUNTY FREDERICK	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARY LA	b. COUNTY	Residence before REDER	re odmission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	X FREDERIC	AbilTE (	URAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION I-REDERICK MEMORIAL	HOSPITAL	d. STREET ADDRESS  / Quinn Road			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type ar print) Amu	Middle V iola	MILLER	4. DATE MON DEATH FEBRU	ARY 1	1960
FEMALE WHITE WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. ÅGE (In years last birthday) yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane) during most of working life, even if retired) HOUSE—WORK	At Home	MARYLA	ND	12. CITIZEN C	A.
13. FATHER'S NAME FALTEX AR	MSTRONG	14. MOTHER'S MAIDEN N.	JAMES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)		rs. Helen Hopk	ins, Aberdeen,		ıd
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	meun	recei		ERVAL BETWEEN SET AND DEATH
Conditions, if any, which gave rise to immediate (b)	Lynghetic	lenkenna	( Known 3	days) u	Knows
lying cause last.  DUE TO  (c)		The beaut		3	years.
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART 1(a) 1	PERFORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I ar Part II af item 18.)		2-10
Hour a. m. While		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the decear			RUARY 1 , 1960 M, fram the causes a		
ACTUAL SIGNATURE PROPERTY AND	inthe-	un 220	DDRESS (Street, city or town,	stote)	Feb 1960

Frederick

PHYSICIAN'S NAME (Type)

Rex R MARTIN 220. BURIAL, CREMATION. 22b. DATE THEREOF

2-4-60

22c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery 22d. LOCATION (City, town, or county) (Store Point of Rocks, Maryland

may be relained by the haspital controlling physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please some carbon papers. Pages 1 and 2 should be filed with the maintain and the first with the control of the filed with the filed VS A1S (4) 1SM 9/S5

TO HOSPITAL OR

24 haurs after death. Page 4

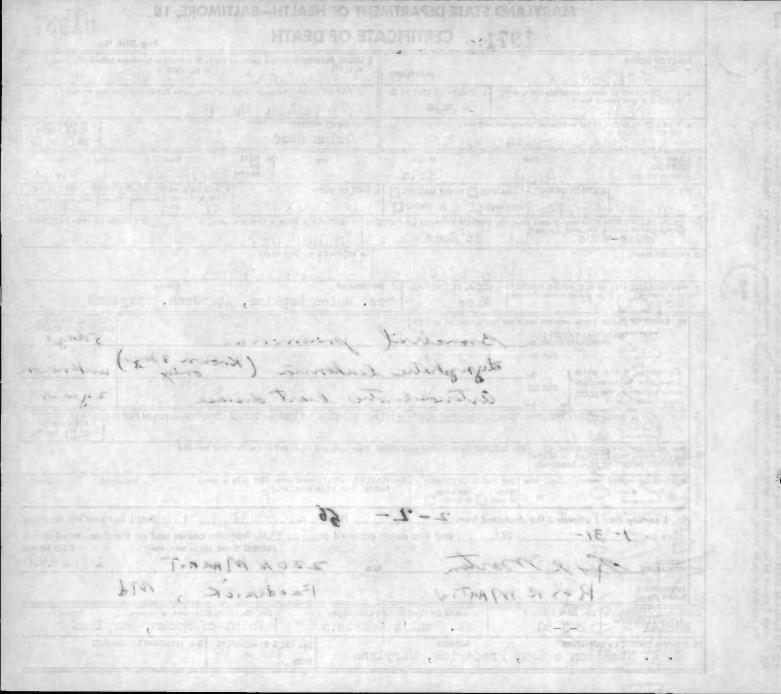
AN: The law requires that the death certificate be executed w

069

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M. R. Etchison & Son, Frederick, Maryland

24a. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE



Reg. Dist. No.

campletely filled in by the funeral directar, papers. Pages 1 and 2 should be filed with

TO HOSPITAL OR ATTENDING PHI (AN: The law requires that the death certificate be exmany be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and poge 3 shauld be detached for use as the burial-transit permit. Then please remove carbon in VS A15 (4) 15M 9/5B

	PLACE OF DEATH     O. COUNTY	Frederick		MARYLAND	2. USUAL RES o. STATE	Maryla	ere deceased live and	d. If institution b. COUNTY		before ad	
	b. CITY OR TOWN RURAL ond give Frederi			IGTH OF STAY IN 16	1 . 1		otside corporote ek Rura		**	ve nearest	lown)
7	OR INSTITUTIO	PITAL (If not in hospital, g N K Memorial H	word to be the second		d. STREET	ADDRESS	ì			0	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	Fir A	RCHIE	Middle JOHNSON	MIT	CHELL	4. DATE OF DEATH	Mon Febr	th ruary	Day 27,	Year 1960
	5. SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRT		le	GE (In years birthdoy) 7 yrs.		YEAR IF U	NDER 24 HR
	10a. USUAL OCCUPA during most of w Retired	TION (Give kind of work orking life, even if retired	1)	Farming			or foreign country, Maryl			SA	AT COUNTRY
	13. FATHER'S NAME	hn Mitchell			14. MOTHER	S MAIDEN N. Unknow		2			
	15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war ar dates of s			· Roy W.	Mitch	nell- Sa	Addi me as .		2	
	Conditions, it gove rise to couse (o), stoti	immediate DUE TO	Coros	ing de	CLUSTER TO NOT RELATED T		NAL DISEASE CO	INDITION GIV	EN IN PART	1(o) 19. W	L BETWEEN IND DEATH ALL AS AUTOPS) REFORMED?
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT		ar 20d. INJURY (	OW INJURY OCCURRID	LACE OF INJURY	(Home, farm,	, 20f. (City or t		(Co	ounty)	(Stote
	20c. TIME OF IN. Hour o. r	n. 19	of work of	work	octory, street, office		2/2-	7 10/-0			
1	alive on  ACTUAL SIGNATURE	that I attended the 2/27	1960 Thor	, and that death	M.D. Proj	8:40P	ADDRESS (Street,	causes an city or town,		date sta	
	220. BURIAL, CREMA REMOVAL (Spec	(Fu)	OF 22c. N	NAME OF CEMETERY OF CRY Spring	OR CREMATORY		Maryla 22d. LOCATION Freder				(Stote) Land
	23. FUNERAL DIRECTO	or's signature hison & Son,		DDRESS		24g. REC'D	BY REGISTRAR	24b. REGIS	STRAR'S SIG	HATURE	

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the second		Asia Pris			Madagine's	•
	W. Court	militario del col				Situation.
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		TENTINE STATE		date in the		
		Contract of the second				
	Base/gat					
	Base/gat			• 6		

e IS RESIDENCE ON A FARM? YES NO

IFUNDER TYEAR IF UNDER 24 HRS.

Hours 12. CITIZEN OF WHAT COUNTRY?

and in my

r.									Reg. Dis	it. No.	
•	1.	COUNTY Fred	lerick		MARYLAND	o. STATE Mary	_		ution: Resider		
	Ł	Point of P	outside corporate limits, write	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside car		RURAL ond	give neares	l lown)
		. NAME OF HOSPIT	AL OR INSTITUTION (	If ngt in hos	pilal, give street address)	d. STREET ADDRESS				e I	S RESIDENCE
		NAME OF DECEASED Type or print)	Fir HORA	CE	Middle ALBERT	MOHLER	4. DATE OF DEATH	Mani Fe	h bruary	Doy 19,	Year 19 60
		Male	White	WIDOWE		30 April 18		9. AGE (In years last burthday) 60 yrs.	Months D	YEAR IF U	INDER 24 H
	100 R	usual occupation with most of working	on (Give kind of work a life wen if refired) the Watchma	n L	tind of Business or Indusine Company	West Vi			12. CITIZ US.		IAT COUNT
	13.	FATHER'S NAME William F	Mohler,	Sr.		14. MOTHER'S MAIDEN Nellie KI					
)	15.  Yes	NO DECEASED EVI	ER IN U. S. ARMED FO (If yes, give wor or doles of	i	50CIAL SECURITY NO. 17. 220-01-5348 H.	nformant Raymond Moh	ler, R	D#1, Kno		, Md.	
			TH [Enter only one could be caused by: IMMEDIATE CAUSE (a)	CC	far (o), (b), ond (c).] ORONARY OCCLUS	ION				INTERVAL DE ONSET AND Mint	DEATH LITES
	Z.	Cenditions, if an gove rise to immed (a), stoling the cause tast.	underlying DUE TO		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAI DISFAS	E CONDITION GIV	VENI IN DADY	Vella W	AC ALITOD
1	CERTIFICATION	20g. EXTERNAL CAL			E HOW INJURY OCCURRED. (					YES	REORMED?
	MEDICAL CE	20c. TIME OF INJUR Hour g. m. p. m.	Y Month, Day, Yes	While		ACE OF INJURY (Hame, factory, street, office bldg., et	rm. 20f. (Cit)	or lawn)	(Caun	ıly)	(Stote
					emains described aborauses M. Accident		* break	nspection [X],	,	t-d'	and in n
		ACTUAL SIGNATURE			Accident	M.D. CHIEF MEDICAL	EXAMINER [		irmined m		E SIGNED
		EXAMINER'S ENAME (Type)	. O. Thoma	s, M.	D.	DEPUTY MEDICAL			23	2 Feb	1960
	22a	BURIAL CREMATIO REMOVAL (Specify) BUTIAL	2-22-60		St. Paul's Ce			TION (City, town, of Rock			itate)
	23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	240 REC	'D BY REGIST	PAR 245 PEGIS	ADIS S'GASTS	LATILDE	

VS. A15ME 5M 2/57

M. R. Etchison & Son, Frederick, Maryland

DATE FEB 2 4 '60

REGISTRAR'S SIGNATURE Lucia S. France

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ly filled in by the funeral director, rages 1 and 2 shauld be filed with 069

4 hours ofter death. Page 4

S. Petel		Male	White	WIDOWE
nd complement of the complemen	10a	. USUAL OCCUPATIO	N (Give kind of wo	rk dane 10b.
o o de o	13.	Shipping FATHER'S NAME	OTGI.Y	P.
sician o	J	William	Luther P	eddico
death certificat Itending physici please remave within 72 haurs	15. (Ye	WAS DECEASED EVER	IN U. S. ARMED F f yes, give wor or dates	
AAN: The law requires that the adding physician. rifficate has been signed by the as the burial-transit permit. Then ar remaval, and in any event in	MEDICAL CERTIFICATION	PART I. DEAT  3 5 6  Conditions, if an gave rise to im case (a), stating the lying cause lost.	ER SIGNIFICANT CO	Y: (a) (b) TO (b) TO (c) ONDITIONS C  TH 20b. DESC TH 20d. IN White of work
OR ATTEN ined by the DIRECTOR: ild be detac priar to bu		ACTUAL SIGNATURE	2/24 Celverd r. Richar	126 1 C. /
D HOSPITAL may be rela FUNERAL page 3 shau the registrar	220	BURIAL, CREMATION REMOVAL (Specify) Burial	22b. DATE THE	
VS A15 (4) 15M 9/55	23. I	FUNERAL DIRECTOR'S		
		/		

		a de	211	,	KIII IC,	7115	OI DEAI	• •			Reg. D	ist. No.		
1,	PLACE OF DEATH	ederick			MARYLAND	2. USU	Maryl			l. If institution b. COUNTY		nce before		on)
	b. CITY OR TOWN (I	If autside corporate limits,	write	c. LENGTH OF	STAY IN 16	c. (	ITY OR TOWN (I	f autside cor	porate li	mits, write RI	JRAL ond	give near	rest town)	
	Frede			Lifeti	ime	111	Frede	rick						
	OR INSTITUTION	rat (If not in hospital, given arick Memoria			N. N	/ d.	STREET ADDRESS 30 We	st Ch	urch	Stree	t		ON A I	FARM?
	NAME OF DECEASED (Type or print)	First William		Edward	Aiddle Pec	dico	lost	4. DATE OF DEAT		Mon		Day 24	Y e	ear 60
5. 5	Male	White	- MARR	IED NEVER A		8. DATE	OF BIRTH		9. AC		Months Months			
10a	. USUAL OCCUPATION during most of world Shipping	ON (Give kind of work daking life, even if retired)		KIND OF BUSIN			BIRTHPLACE (Sio		country		12.CI	TIZEN OF		OUNTRY?
13.	FATHER'S NAME						OTHER'S MAIDEN				45.72			
3	William	Luther Pede	dico	rd			Mary El	len W	olfe					
15. (Ye:		R IN U. S. ARMED FORCE (If yes, give war or dates of serv		SOCIAL SECURIT		S. C	lora Ped	ldicor	1-42	Addr 2 N . B			ryla Fred	
Z	Canditians, if a gave rise to i cadse (a), stating lying cause lost.	mmediate (	TIONS C	ONTRIBUTING I	O DEATH BUI	NOT RE	ATED TO THE TER	MINAL DISE	ASE CON	IDITION GIV	ENI INI DAI	DT 1/a1/19	WASA	ITOBEY
CATION	TAKE II. OT	TER SIGNIFICANT CONDI	,	ONTRIBOTING	O DEATH BUT	NOI KE	ALED TO THE TER	MINAL DISE	ASE CON	IDITION GIV	EN IN PAI	(1 1(0) 1)	PERFOR	MED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJU	JRY OCCURRE	D. (Enter	nature of injury i	n Port 1 or P	ort II of	item 18.)		F		7
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year	While	Not while of wark	fo	ACE OF I	NJURY (Home, for et, office bldg., e	rm, 20f. (C	ity or to	wn) -	(	County)		(Stote)
		nat I attended the d			131		19.40, to_			, 19 Ce C				
	ACTUAL	Return C	126	Burnet	that death	accur	red at <u>9:35</u>	ADDRESS	(Street, c	causes a city or town, s	stote)	he date		d abave, E SIGNED
	PHYSICIAN'S NAME (Type)	r. Richard	C. R	eynolds	/	m.D. ,		ederi		Maryl		,		
220	BURIAL, CREMATIC REMOVAL (Specify) Burial	225. DATE THEREOF	)	22c. NAME OF	cemetery o		TORY	22d. LOC	ATION (	City, town, o		rvlan	(Stote)	
	FUNERAL DIRECTOR		-	ADDRESS				FEB 2		24b. REGIS		GNATURE		

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MARYING STATE DEPARTMENT OF HEALTH-EALTHOUGH, 18

VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1	1
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1974 CERTIFICATE OF DEATH

Reg. Dist. No. (11985

	1. PLACE OF DEATH O. COUNTY Frederick	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick					
2	d. NAME OF HOSPITAL (If not in hospital, give street of Maryland Odd Fellows Home	d. NAME OF HOSPITAL (If not in hospital, give street address)  Maryland Odd Fellows Home				e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) S.	Middle WHITE	PLANK	4. DATE MODE OF DEATH FC		Doy Yeor 25, 1960
nie)	S. SEX Male  6. COLOR OR RACE 7. MARR White WIDOWE	*	B. DATE OF BIRTH  23 Feb 1876	9. AGE (In years dost birthday) 04 yrs.	Months Do	EAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)  Retired Self employed	KIND OF BUSINESS OR INDUS Merchant	Penna.	or foreign country)	12. CITIZEN	N OF WHAT COUNTRY?
0.00	13. FATHER'S NAME  James S. Plank		14. MOTHER'S MAIDEN N Agnes Spa			
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) N	INFORMANT Address  [aryland Odd Fellows Home Records				
1	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (c)	teriosclerosis		nal disease condition giv	C	INTERVAL BETWEEN DINSEL AND DEATH LEARS  10) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. While	Not while fac	D. (Enter nature of injury in P  ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	, 20f. (City or town)	(Coun	YES NO T
	21. I certify that ) attended the decease	ed from Feb. 23.	occurred of 10:45	AM, fram the causes of ADDRESS (Street, city or town,	, that I last and an the ( state)	t saw the deceased date stated abave. DATE SIGNED 27 Feb 1960
	220. BURIAL, CREMATION, 22b. DATE THEREOF 2-28-60	22c. NAME OF CEMETERY OF Lutheran Cem		22d. LOCATION (City, fown, Fairfield, P.		(Stote)
	23. FUNERAL PRECIOR SAIGNATURE ( ) JUST C. O. Fuss & Son, Taneyt	ADDRESS Own, Maryland	240. REC'D		STRAR'S SIGNA	

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MARYLAND

c. LENGTH OF STAY IN 16

Frederick

Rea. Dist. No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Maryland

b. COUNTY

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PLACE OF DEATH

Frederick

b. CITY OR TOWN (If autside carporate limits, write

a. COUNTY

physician. TO FUNERAL DIRECTOR: VS A1S (4) 1SM 9/SB

RURAL and give nearest town) Thurmont rural Lifetime Thurment -- rural d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Own Hame YES NO IN NAME OF First Middle Last 4. DATE Month DECEASED OF DEATH 1060 February 23 Portner John Wm. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH Manths Days 1877 Nov. male white DIVORCED | WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Mar yland U.S.A. Timberman. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Davis Sarah John Portner IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address None Charles Portner Lantz, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc. Hour a.m. Nat while at work of work 21. I certify that, I ottended the deceased from March ., 196 Othor I lost saw the deceased P.M. from the couses and on the date stated above. and that death occurred at 10 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Franklin Birely Thurmont. Md. NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) 2-26-60 Thurmont, Maryland United Brethern Cem. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR arthur S. Kines Raymond E. Thurmont. Md. DATE FEB 2 9 '60 Creager

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Frederick MARYLAND Maryland Carroll b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town Middleburg - UNION BRIDGE Braddock Heights days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS Vindobona Conv. Home ON A FARM? YES NO Z 4. DATE NAME OF First Middle Manth Year DECEASED John DEATH (Type or print) WILLIAM Rentzel February 18 19 60 S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days April 20, Male White DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Rail-road retired Maryland America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO L 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) a. m. Nat while at wark at wark 1960 21. I certify that I attended the deceased from FLL L& 19.6 that I last saw the deceased and that death accurred at his AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL prior PHYSICIAN'S NAME (Type 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) HAUG. BURIAL 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR arily & Henry

directo Pa 運 eral pe O filled comple paper pup O physici MOVe. attending 0 gned te has been sig buriol-transit physician. certificate

nay be retained by the FUNERAL DIRECTOR: 0 VS A15 (4) 1SM 9/SB

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VS A1S (4) 1SM 9/S8

	o. COUNTY Frederi	ck	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE M2	ryla.	d lived. If instituti NO b. COUNTY	on: Reside	rede	re odeniss Er 1 C	ien)
	b. CITY OR TOWN (If autside corporate linguage pearest town) Thurmont rur	-	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	ntside corpo	rate limits, write R	URAL and	give nec	arest town	1)
	d. NAME OF HOSPITAL (If not in haspital, or Institution) Wn Home	give street	oddress)	d. STREET ADDRESS					e. IS RES ON A YES [2]	FARM?
		First e	B Middle	Ridge	4. DATE OF DEATH	Feb		Da	•	Year 19 60
5.	Female 6. COLOR OR RACE Whit	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 20, 18	95	9. AGE (In years last birthdoy) yrs.	Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
0c	a. USUAL OCCUPATION (Give kind of wor Hour most of working life, even if retire	k done 10b	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State Maryla		country)		U.S		OUNTRY?
3.	FATHER'S NAME Jacob H. Davi	.S		14. MOTHER'S MAIDEN N		Weddle				
IS. (Ye	. WAS DECEASED EVER IN U. S. ARMED FO es, no, organization) (If yes, give war or dates of	PRCES? 16 f service)		nformant Charles E. F	Ridge	Add		, M	d.	RD :
Z	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE  48 / X DUE 1  Canditions, if ony, which gave rise to immediate couse (o), stoting the under. lying cause lost.  PART II. OTHER SIGNIFICANT CO	(b) (c) (c)	lehy deate	in a	NAI DISEAS	SE CONDITION GIV	/FNI IN PA	10	o was	D -
CAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER	206. DE	CRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	SHTO Port I ar Por	CUD rt II of item 18.)		(County)	PERFO	RMED? NO (State)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while at wark of twark of twa									
	21. I certify that I attended the alive an Ref 3-6.  ACTUAL SIGNATURE THOMAS  PHYSICIAN'S Thomas	a, 19	and that death	accurred at 3:50 f	M, from	the causes are street, city or tawn,	d an th		stated	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55 M

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MARYLAND	STATE I	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

197% CERTIFICATE OF DEATH

(11989)

of O				Reg. Dist. 140.			
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institut b. COUNTY		admission)		
Freder ick	MARYLAND		ryland	Frederi	ick		
b. CITY OR TOWN (If outside corporate limits, wri	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write I	RURAL and give neare	est town)		
Frederick	2 Days	X Rural	Ceresville				
d. NAME OF HOSPITAL (If not in hospital, give strong INSTITUTION	reet address)	/d. STREET ADDRESS		e.	IS RESIDENCE		
Frederick Memoria	1 Hospitall	Rt . 1			ON A FARM?		
3. NAME OF First	Middle	last	4. DATE Mo	nth Day	Yeor		
(Type or print) Charles Edw	ard Rogers		OF DEATH Feb.	7	1960		
		8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR II			
A CONTRACT OF THE PARTY OF THE	OWED DIVORCED	May-16- 18'			Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU			12. CITIZEN OF	WHAT COUNTRY		
during most of working life, even if retired) Mill Laborer		Umodoni	ck-Co.Md.	U.S.	٨		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1 0,00,2	1.		
Unknown		Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 10	NFORMANT	Ado	dress			
(Yes, no, or unknown) (If yes, give war or dates of service)	215-36-6305	Doign F P	acama-Pt 1-1	The d Co	W.A		
	No   215-36-6305 Daisy E. Rogers-Rt.1-Fred. Co.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]   INTERVA						
PART I. DEATH WAS CAUSED BY:	A J	100 1111		ONSE	T AND DEATH		
IMMEDIATE CAUSE (o)	ACOUNT MILY	ocard(al 1	u arction		days		
4 20 ./ DUE TO							
Conditions, if any, which gove rise to immediate (b) (dronay selle seg							
catse (a), stating the under-	cate (o), stating the under-						
lying cause lost. (c)  PART II. OTHER SIGNIFICANT CONDITIO	NIC CONTRIBUTING TO DEATH BUT	NOT BELLTED TO THE TERMIN	IAL DISCASS CONDITION OF	VS1 11 DADZ 14 1/10	WAS AUTORSY		
PART II. OTHER SIGNIFICANT CONDITIO			NAL DISEASE CONDITION GI		PERFORMED?		
20- ACCIDENT WAS UNDERWING FT 204	DESCRIBE HOW INJURY OCCURRE				YES NO		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort t or Fort II of Hem 18.)				
		ACE OF INJURY IHome, farm, story, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)		
Hour a.m. p. m. 19 of	/hile Not while work ot work	ciory, sineer, office blog., erc.	Management of the S				
21. I certify that I attended the dec	eased from 2/4	. 19 60 , ta	2-17 106	,that I last saw	v the deceased		
alive an 2/7/60 .1		occurred at 519					
1 20	)		ADDRESS (Street, city or town,		DATE SIGNED		
ACTUAL J - 1 ( )	cherlien	M.D. 7 2	PAT Man	later	2/8/60		
PHYSICIAN'S NAME (Type) L.R. Scho	olman	Professi	lonal Build	ing Frade	eni alen H		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,		(Stole)		
Burial Feb. 10-6	Waymans A	M Tr	Mt.Pleasen		Co.Md.		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'C	BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE	3 4		
C. E. Hicks 111 F	rederick, Md.	DATE	B 1 0 '60	Lithua & H.			

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VS A15 (4) 15M 10/S7

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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CERTIFICATE OF DEATH

PLACE OF DEATH  o. COUNTY  Frederick County  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Cullen Md.  d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	MARYLAND NGTH OF STAY IN 16 1497 Days	USUAL RESIDENCE (WE STATE Maryland c. CITY OR TOWN (If of Hagerstown	b.	cwashing	ton /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Cullen Md.  d. NAME OF HOSPITAL (If not in hospital, give street address	H97 Days.	c. CITY OR TOWN (If o	outside corporate limi	"asning	
RURAL and give nearest fown)  Cullen, Md.  d. NAME OF HOSPITAL (If not in haspital, give street address	497 Days.	**	100	s, write RURAL and s	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address	497 Days	Haganatara	362 -		
d. NAME OF HOSPITAL (If not in hospital, give street addres		THEFELDION	n. Md. R	oute 1	21X-2
	5)	d. STREET ADDRESS			e. IS RESIDENCE
Victor Cullen State Hos	sp.	Route 1			YES NO
NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Day Year '
(Type or print) Benjamine F.	R	OSE	DEATH FO	bruary	13 1960
SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE	(In years IF UNDER	
Male White WIDOWED		ov. 17. 18	877 8	erthday) Months	Days Hours Min.
. USUAL OCCUPATION (Give kind of work done 10b. KIND					IZEN OF WHAT COUNT
Farmer Farmer	rm Work	Arkansa	9	TI	. S. A.
FATHER'S NAME		4. MOTHER'S MAIDEN N		U	. D. A.
William Rose . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	I CECURITY AND THE		ane Spic		
es, no, or unknown)   {\(\frac{1}{2}\) fires, give wor or dates of service}	L SECURITY NO. 17. INFO	RMANI		- Address,	
No No	one H	ospital C	nart.	Cullen.	Md.
1B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]		1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Far	Advanced Pu	Imonant Ti	homoule	et e	ONSET AND DEATH
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Conditions, if ony, which gove rise to immediate (b)					
couse (o), stoting the under. DUE TO					
lying cause lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE COND	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY
Arteriosclerosis & Ad	Tyanced Sen	171tw			PERFORMED? YES NO
20g ACCIDENT WAS UNDERLYING TO 20h DESCRIBE I	HOW INJURY OCCURRED. (E	nter noture of injury in I	Port I or Port II of ite	m 18.1	1.0
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	OCCUPAND DO NACE	OF INTERVAL	Tax		
Hour o. m. While N	Not while foctory	OF INJURY (Hame, form , street, office bldg., etc.	) ! 20f. (City or town	(C	County) (State
p. m. 19 of work 🔲 o	t work				
21. I certify that I attended the deceased fro	om Oct. 3.	1958 (Fal	h. 73.	10 60 that 1.1	ast saw the deceas
olive on Feb. 12, 196019	_, and that death ac	8.00	AME	17_GSS_, mail 11	usi suw ine deced:
Olive on - september 1270017	_, and mai deam ac				
ACTUAL TEVENIA			ADDRESS (Street, city		DATE SIGN
SIGNATURE : T. JAHLL	M.D	Cullen	Maryla	ad. 2	/13/1960
PHYSICIAN'S NAME (Type) T. F. Vestal. I	1. D.				
NAME (Type) T. F. Vestal		REMATORY	22d. LOCATION (C)	y lown or country	(Chata)
NAME (Type) T. F. Vestal 1  o. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR CE		22d. LOCATION (Ci	y, lown, or county) ore, Mary	(Stote)

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE b. COUNTY Frederick MARYLAND Frederick Mar vland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trs: Thurmont d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Home d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Altamont Avenue YES NOT NAME OF Middle 4. DATE Month Last Yeor DECEASED Gravson R. Shaffer Feb. 26 DEATH (Type or print) 60 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 80 birthdoy) Months Days Nov. 1, 1879 male white DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11, 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Proptictor Dry Good Store Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W.L. Shaffer Margaret Recher INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown None Mrs. Grayson Shaffer Thurmont, 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: min. onamy IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. RELATED TO THE TERMINAL OBEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o m Not while of work of work 196 Othat I last saw the deceased 21. I certify that I attended the deceased fram Nov. M, fram the causes and an the date stated above. and that death accurred at.

M. Franklin Birdly PHYSICIAN'S NAME (Type) 220. 8URIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

Thurmont, Md.

United Brethern Cem-

22d, LOCATION (City, town, or county)

Thurmont, Md.

(Stote)

2-29-60 23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager

SIGNATURE

ADDRESS Thurmont, Md. 24a, REC'D 8Y REGISTRAR DATMAR 2

24b REGISTRAR'S SIGNATURE arthur & House

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VS A15 (4) 1SM 9/SS 2

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, TE
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1976 CERTIFICATE OF DEATH

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 Dist.	NI.	U	1	3	U	K

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE b. COUNTY FRIDERICK
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  FREDEBLCK  I day	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial	d. STREET ADDRESS  909 East Patrick St.  e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) KABEN Louise	Simbson 4. DATE Month Day Year OF DEATH Feb. 21 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED NIVORCED  DIVORCED	8. DATE OF BIRTH 20 Feb 60  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME RICHARD Eugene Simpson	14. MOTHER'S MAIDEN NAME  **DOR'S STOVER
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no, or unknown    (It yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17.     No.	Hosp, Records
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b).	Welectoris Interval Between ONSET AND DEATH
Canditians, if ony, which gave rise to immediate cotse (a), stoting the under lying couse last.  DUE TO  DUE TO  (b)  DUE TO	unty & Immability
TI T	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 🔼 NO
	D. (Enter noture of injury in Port I ar Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 21 Feb alive an 21 Feb , 1960, and that death ACTUAL SIGNATURE R L C USA	n accurred at 1/P M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 6 W 3 4 5 7
PHYSICIAN'S R.L.Guest	Frederick, Nd.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORRESPONDED TO Church of B.	rethern Cem. Rocky Ridge Fredk.C. MD
23 FONERAL DIRECTOR'S SIGNATURE  ADDRESS  Thurmont  Resemond F. Crosser	MD 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE FEB 2 5 '60 College & House
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VS. A15ME(5) 5M 9/55 01993

Reg. Dist. No.

I PLACE OF DEATH			2. USUAL RESID	ENCE (Where decea	sed lived. If Institu	tion: Residence	e before adr	mission)
a. COUNTY Frede:	rick	MARYLAND	a. STATE	Pa.	b. COUNT	Υ		1
b. CITY OR TOWN (If outside corp	orote limits, write RUFAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If autside cor	porate limits, write	RURAL and g	ive nearest t	lown)
Frederick		2 days	Yor:	k		75 x -	9	
d. NAME OF HOSPITAL OR IN	STITUTION (If nat in ho	spital, give street address)	d. STREET AD	DRESS			e. IS	RESIDENCE
423 Middle Al	ley- City		351	Oaklane	Street	;		NO [
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	h	Day	Year & D
(Type or print)	Ida	Virginia	Smith	DEATH	Febura	ry	7	1959
		IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1Y		DER 24 HRS
	Lored WIDOWE		-	8,1900	59 yrs.	Months Da	rys Hours	Min.
10a. USUAL OCCUPATION (Give during most of working life, eve	kind of work dane 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZE	N OF WHA	T COUNTRY
Domestic	-		Fred	erick, Md		U.	S.A.	
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME				
Wilson Ow	ens		Blanc	he Nelso	n			
15. WAS DECEASED EVER IN U. S	. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Freed	erick	.Md	
(Yes, no or unknown)   If yes, give		NONE Ed	na Thom	pson, 423	Klineh	art A	lley	
18. CAUSE OF DEATH [Enter	anly one cause per line	for (a), (b), and (c).]					INTERVAL BETY ONSET AND D	WEEN
PART I. DEATH WAS C	AUSED BY: TE CAUSE (a)	Acute co	ronary 1	thrombis	is		48	hour
500×	DUE TO				A ASSESS			
Canditians, if any, which	h) (b) A(	cute Tracheo	-bronchi	itss			4 d	avs
gave rise to immediate cous (a), stating the underlying								
cause last.	(c)							
PART II. OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1	(a) 19. WAS	ORMED?
5								NO
PART II. OTHER SIGNI  One External Cause was PRIMARY or CONTRIBUTING CAUSE OF DEATH.	G 🗆 20b. DESCRIB	BE HOW INJURY OCCURRED.	Enler nature af injur	y in Part I ar Part II	of item 18.)			
	nth, Day, Year 20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Ho	me, form, i 20f. (Cit	v or town)	(Caunt	v)	(State)
20c. TIME OF INJURY Mo	19 While		tary, street, affice bl	ldg., etc.)				,
		remoins described obc	va hald an A	utopay [57]	annation 配	la autai	52	C' . 1 . 1
deoth resulted from:			icide [], Ho		nspection X		[X], and	I find the
deoin resolted from:	Indiator cooses [	_, Accident [_], 30	icide [_], noi	miciae [], U	ndetermined o	conse [].		
ACTUAL R	970		CHIEF MED	DICAL EXAMINER			DATE	SIGNED
SIGNATURE	enon.	an .	m.b.	MEDICAL EXAMINE				
EXAMINER'S B	O. Thomas	M.D.		EDICAL EXAMINER			0 70	
22a. BURIAL, CREMATION, 22b. I		22c. NAME OF CEMETERY OF				urary	8,19	
REMOVAL (Specify)	h /h = / h	TALL INAME OF CEMETERY OF	CREMATORY	220.100	TION (City, town,	or county)	(Sie	ate)
23. FUNERAL DIRECTOR'S SIGNAT	D. 10-60	ADDRESS		lo. REC'D BY REGIS	TRAR 245 PEGI	STRAR'S SIGN	ATURE	a.
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24 haurs ofter death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE Maryland b. COUNTY Frederick

2007 CERTIFICATE OF DEATH

MARYLAND

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1. PLACE OF DEATH

Frederick

TO HOSPITAL OR ATTENDING PM. MAN: The law requires that the death certificate be executed with 24 haurs ofter death. Page 4 may be retained by the haspital of animal physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, crematian, or remayal, and in ony event, within 72 hydrs after death.

VR A1S (4) 1SM 9/59

	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RUR	(AL and give nearest town)
	RURAL and give nearest town) Rosemont	3 months	35 Brunswi	.ck	
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Harpman Resid	ence	d. STREET ADDRESS 206 Seve	nth Avenue	e. IS RESIDENCE ON A FARM? YES NO 🛣
1	3. NAME OF First DECEASED (Type or print) LOUISE	Middle ELIZABETH	SMITH	4. DATE Month OF DEATH Februar	
	s. sex 6. COLOR OR RACE 7. MARRI Female White WIDOWE		e. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)  Nurse Pra	CIND OF BUSINESS OR INDUS	rry 11. BIRTHPLACE (Stote on Mt. Bria	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
i	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
1	Dennis Conl	on	Bridget	Cunningham	
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service) NO None	None RF	FORMANT Mrs. Vi	rginia Hafti ville, Maryl	ian and
	Conditions, if ony, which gove rise to immediate DUE TO	monary edem		<sub>ea</sub> rt failure	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMII	NAL DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES NOT
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter nature of injury in F	ort I or Port II of item 18.)	
	Hour a.m. While		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.		(County) (Stote)
	21. I certify that (I) (this haspitol) ottend saw the deceased alive on Feb. 22  220. SIGNATURE  220. FRYSICIAN'S NAME (Type) C. Byron Kao, M. I  230. BURIAL CREMATION, 23b. DATE THEREOF	2, 19 <u>60</u> , ond that d	ATTENDING MEPHYS. 15	M, from the causes and	22b. DATE SKINED
	230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)  BIT 1 a 1  24. FUNERAL/DIRECTOR'S SIGNATURE	Mt Zion Luth	eran Cemet	ery Rohrers	ville, Marylan
	Money Cackles	Harriers Ferr	DATE	8 4 5 '60 au	hur S. Krue

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ADDRESS

FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No.

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES [

(County)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE

NO I

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

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FUNERAL 0

VS A15 (4)

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JAN: The law requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PH

VS A15 (4) 15M 9/55

24 haurs after death. Page 4

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	1. 1	PLACE OF DEATH	F	şasa isa
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9		d. NAME OF HOSE OR INSTITUTION	1	L (If not REDE
		NAME OF DECEASED (Type or print)		(
	5. 5	EX		6. COLO
		Male		Whi
	10a	. USUAL OCCUPAT during most of wo Farmer	IOI orki	N (Give I
	13.	FATHER'S NAME		
)		Marie I.		Eli
		WAS DECEASED EV		IN U. S. f yes, give
		18. CAUSE OF DE	EAT	TH [Ente
		PART I. DI	AT	H WAS O
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		Canditians, if	an	y, which
		gave rise to catse (a), stating	o t	he under
		lying couse lost		
0	CATION	PART II. O	TH	ER SIGNI
	MEDICAL CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS IG Y M	UNDER
	MEDICAL	20c. TIME OF INJU Hour a. m p. m		Month
	2 -	21. I certify		at I att
		alive an		2/

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			131	9 CERT		AIL OI L	- CAIII			Reg. Dis	t. No.		
	PLACE OF DEATH a. COUNTY	FREEERICK		MAR	YLAND	2. USUAL RESIG	MARY L		b. COUNTY	FREDE	RICK	Imission	n)
	RURAL and give i	(If autside carporate limi secret town) EDERICK	ts, write	c. LENGTH OF STAY		c. CITY OR I		tside corpor	ate limits, write RI	URAL ond g	ive nearest	tawn)	
	OR INSTITUTION	TAL (If nat in haspital, g FREDERICK M			L	d. STREET A		MARYI	LAND.		C	RESIDI	ARM?
3.	NAME OF DECEASED (Type ar print)	Fir GEORGE	st	Middle ELMER		Los STINE	it	4. DATE OF DEATH	Februar	-	Day	Yes	60
S.	Male Male	6. COLOR OR RACE	7. MARK	NED NEVER MARRI		8. DATE OF BIRTI			9. AGE (In years lost birthday)	IF UNDER Manths			
100	during most of wor	ON (Give kind of work of king life, even if retired Retired	ione 10b.	KIND OF BUSINESS O	OR INDU		ACE (State o		untry)	100000	ZEN OF W	HAT C	OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
		Elias Tay	lor S	Stine			Mary	Ida: Wa	achter				
15. (Ye	s, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	2]	4-28-7480		informant George E	• Stin	e, Jr	Addr. 51.8, 1		my Rd	• F	red.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(	ne for (o), (b), and (c)		embeli	6				ONSET A	AND D	VEEN EATH
	Canditions, if		a	rterisch	J-f	i Hens	+ LC	) seun	2.		3	the	wo
	cause (a), stating lying couse lost.	the under- DUE TO	, D.	inhetes.	me	Eliters					4	yeu	cr.s
CERTIFICATION	PART II. OT	THER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	PI	RFORM	AED?
	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature a	f injury in Po	art I ar Part	II of item 1B.)	STE			
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yes	20d. II While of wor	NJURY OCCURRED  Nat while k ot work	20e. Pl	ACE OF INJURY (Inctory, street, office	Home, farm, bldg., etc.)	20f, (City	or town)	(C	ounty)	7	(Stote)
	21. I certify t	hat I attended the	deceas	ed from	25	19 40	). to 6	17	19/00	that I le	act saw i	he de	eceased
	alive an	2/6	_, 19_	10	death	accurred at	434	M, from	the causes a	nd an th		tated	
	ACTUAL SIGNATURE	uhard E	10	quelels.	,	.M.D					2-	8-	60
	HAKWE (1999)	Richard C.		olds, MD.		9, 1	E. Chu	rch S	t. Freder	rick,	Md.		*****
220	BURIAL, CREMATIC REMOVAL (Specify BURIAL	2/10/60	F .	Mt Olive					ON (City, town, o			State)	
23.	FUNERAL DIRECTO	R'S SIGNATURE Sope	tER	tackobress of			24a. REC'D	BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE		
	DAILEY'S	FUNERAL HOM	EŒ	REDERICK :	MARY	LAND.	DATEEB	1 5 '60	CI	! . 9 .	· ·		

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

	19	CEKITE!	CATE OF DE	AIII		Reg. Dist. No	
a. COUNTY Fre	ederick	MARYLAN	g. STATE	NCE (Where decease ryland	d lived. If institution b. COUNTY		
b. CITY OR TOWN (IF RURAL and give ned Frederick	autside carporate limits, writ arest tawn)	c. LENGTH OF STAY IN 1		WN (If autside carp amstown	orate limits, write R	URAL and give ne	arest lawn)
d. NAME OF HOSPITA OR INSTITUTION Frederick	AL (If not in hospital, give stro Memorial Resp	eet oddress)	d. STREET ADD	DRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ALICE	Middle LEE	THOMAS	4. DATE OF DEATH	Man Fe		y Year 0, 1960
s. sex Female	**** * *	ARRIED NEVER MARRIED DWED DIVORCED	0 0	1889	9. AGE (In years lest birthday) yrs.	Manths Days	Haurs Min.
noa. USUAL OCCUPATIOn during most of working Retired Ope	ing life, even if retired)	Telephone Com			country)	12.CITIZENO USA	F WHAT COUNTRY
13. FATHER'S NAME  Edgar A. I		A.	14. MOTHER'S M	aiden name nn Neighb	ors		
15. WAS DECEASED EVER		16. SOCIAL SECURITY NO. 218-10-2226 1	INFORMANT  Mr. S. L. T.	30	8 W. Cold	ëge Terr	ace,
Canditions, if an gave rise ta in cause (a), stating t lying cause last.	he <u>under-</u> DUE TO (c)	Gent. ale	d. Carci	nomal by or	LANY SE CONDITION GIV	/EN IN PART 1(g)	958 191958
ICATIO	S UNDERLYING [] 20b. [	DESCRIBE HOW INJURY OCCU		U			PERFORMED? YES NO
	Wh		PLACE OF INJURY (Ha factory, street, affice b		y ar tawn)	(Caunty)	(State
alive an 20	Tele 19 Laules H. Conl	Ol and that de	, 19 <b>5%</b> , ath occurred at 6	ADDRESS (S	the causes an	d an the date state)	w the deceased e stated above DATE SIGNEI eb 1960
22g. 8URIAL, CREMATION REMOVAL (Specify) Burial	2-24-60	22c. NAME OF CEMETER Mount Olive			TION (City, town, derick, M		(State)
23. FUNERAL DIRECTOR'S M. R. Etchi	signature son & Son, Fr	ederick, Mary	and	4a. REC'D BY REGIS		STRAR'S SIGNATU	RE

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Frederick

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

**b.** COUNTY

Maryland

MARYLAND

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PLACE OF DEATH

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b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick days Graceham d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Frederick Memorial Hospital ON A FARM? YES NO T NAME OF 4. DATE Middle Month Day Year DECEASED Feb. 26 60 ALENTINIA (Type or print) DEATH 19 9. AGE (In years last birthdoy) IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF SIRTH Fema le White Months March 6. 1900 WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dry Cleaner Ohio U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry S. Glick Lillie Glassford IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes. no. os unknown 12-24-3699 Maurice Valentine Graceham, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Monocytei menth DUE TO Conditions, if any, which gave rise to immediate DUE TO cotse (o), stoting the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item IB.) 20c. TIME OF INJURY Day. 20e. PLACE OF INJURY (Home, farm, Month, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while of work at work 19 6 0 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 3 1717 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL Richard C. Reynolds PHYSICIAN'S 9 E. Church St. Frederick, Md. NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Buffer (Specify) 2-29-60 Rocky Ridge Cem. Rocky Ridge, Md. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Raymond E. Thurmont, Md. Creager arthur S. Kraus DAHEAR 2

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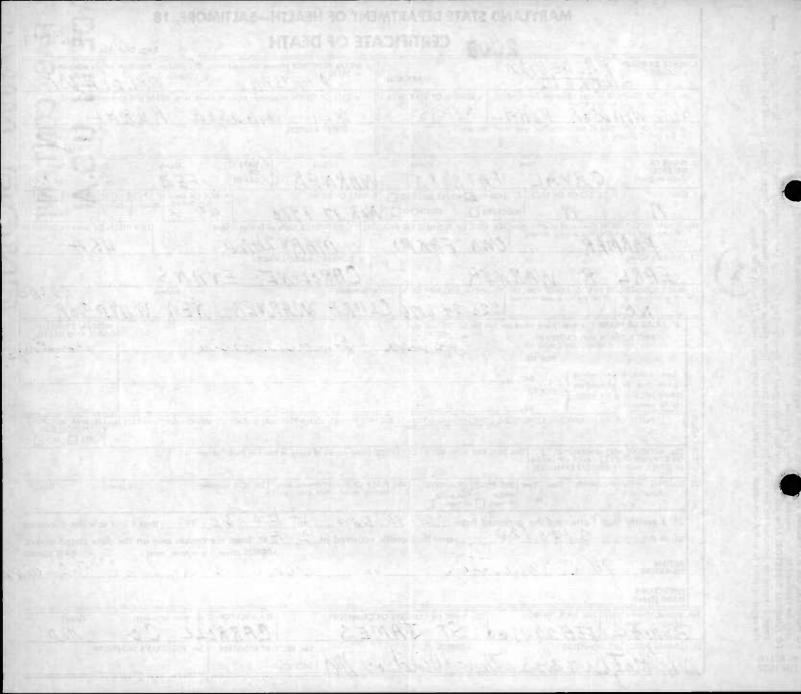
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO HOSPITAL OR ATTENDING YSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 1983

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Reg.	Dist.	No.	U	1	U	U	6

1. PLACE OF DEATH o. COUNTY	FREDER	ICK	MARYL	- 11	o. STATE	MARY.		lived. If instituti b. COUNTY		e before		n)
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d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, gi				d. STREET A	DDRESS				5011	IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	Fin GERTR	1	Middle	Ţ	Los		4. DATE OF DEATH	TEB,	th	Doy		60 60
5. SEX			NEVER MARRIED	B.	DATE OF BIRTI	V		P. AGE (In years last birthdoy)	IF UNDER Months			
10a. USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b.			Y 11. BIRTHPL	ACE (Stote				ZEN OF		OUNTRY?
13. FATHER'S NAME MICHAE	LEL FOGLE				14. MOTHER'S	MAIDEN N	10 to 4000					
15. WAS DECEASED EVER	IN U. S. ARMED FORG If yes, give wor or dates of se		SOCIAL SECURITY NO.		ORMANT ALTER G	RABIL	L	WALK	ensvi	LLE	MD	,
Conditions, if or gove rise to it codes (a), stoling I lying couse lost.  PART II. OTH	he under- ER SIGNIFICANT COND	Hees o	ONTRIBUTING TO DEAT				INAL DISEASE			90	WAS AL PERFORM	JTOPSY MED?
OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	r 20d, II		0e. PLAC	E OF INJURY (I	Home, farm	n, 20f. (City		(C	aunty)		(State)
21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JAMES B. T.	deceos _, 19.0 The HOMAS	$\mathcal{M}_{\mathcal{O}_{+}}$ , and that $\mathcal{O}_{+}$	leoth o		9:201		the causes of the city or town.	ind on th	ast saw	stated	eceased l above E SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	2/7/196		22c. NAME OF CEMET		CREMATORY			ON (City, town, o	or county)	1	(Stote)	
23. FUNERAL DIRECTOR'S			ADDRESS WALKERSVILL		D		D BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE		

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